TWENTY CURES AT LOURDES

de GRANDMAISON

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MEDICALLY DISCUSSED

BY

Dr F. De GRANDMAISON De BRUNO
Formerly *Interne* of the Paris Hospitals

AUTHORISED TRANSLATION BY

Dom. Hugo G. BÉVENOT, O.S.B., B.A.
of ERDINGTON ABBEY
AND
Dom. Luke IZARD, O.S.B., M.R.C.S., L.R.C.P.
of CALDEY ABBEY.

PREFACE BY

SIR BERTRAM WINDLE, M.D., Sc.D., F.R.S.

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DEDICATORY LETTER

TO

MONSIGNOR BAUDRILLART

Vicar-General, Rector of the Paris Catholic University.

MONSIGNOR,

Despite the publicity attaching to them, or perhaps on this very account, the cures of Lourdes are even now treated with incredulity in many quarters. This is due to the fact that they are wrought in the romantic setting of the Pyrenees, amid multitudes roused to enthusiasm, and also because the circumstances attending the cures are widely different from those that meet the medical man in daily practice. Furthermore, the descriptions given of them are attended with a flood of details at once useless and uninteresting, when the cases are viewed from the purely medical standpoint. For all that, these cures deserve to be studied and discussed.

The phenomena of human life are governed by definite laws which normal physiology has formulated. If these phenomena deviate from the laws thus set down, it pertains to pathology to account

for the functional anomalies and state the means for rectifying them. The whole question at issue is *whether or not these general laws are observed in the cures at Lourdes.* If they are, then the occurrences at the Grotto of Massabieille are not beyond the field of ordinary medical experience and do not deserve the publicity they are receiving. On the other hand, if they fail to follow recognised laws, they cannot be accounted for and deserve to be labelled extraordinary cures.

On such an issue the medical man, and he alone, is fitted to give a verdict, for both the special training his judgment has received and the experience obtained through his professional practice guarantee the value of his opinion. He must, however, rise superior to impulse or feeling; whether a believer or not, he will always proceed with self-possession and calmness, with one end alone in view, in his research and analysis—*the quest of truth.*

If an unbeliever, he must neglect the exterior circumstances attending a cure—for these do not strictly concern the facts he has to deal with, and could but serve as pretexts to throw scorn on the supernatural.

If he be a believer, he will guard against the opposite danger. Without allowing himself to be carried away by the spirit of faith that sees wonders in everything, he will be frank enough to refuse

the epithet of supernatural to a cure, when it fails to present all the marks of authenticity required.

It is on this principle, Monsignor, that my investigations have been made, for I am convinced that in such a discussion the quality of the facts and cases is of more consequence than their quantity. Of the twenty cases we deal with, two do not deserve to be considered cures; however, I have recorded and discussed them, to make it quite apparent that I was studying without partiality. Many others could have been classed along with them. The extraordinary cures are not of such frequent occurrence as the pilgrims would wish; but those that are wrought are of so decisive a character that they cannot be rejected by the unprejudiced.

You have allowed me, Monsignor, to dedicate to you the following pages in which I have striven to be unprejudiced—permit me to record here my pride and gratitude.

DR DE GRANDMAISON.

PARIS, *April*, 1912.

PREFACE

It is not so many years since the accusation was commonly to be read and in all sorts of places that all the occurrences at Lourdes were frauds, cunningly designed by an unscrupulous priesthood. That time has passed, and such baseless statements are now only to be met with in quarters which may be treated with silent contempt. The more respectable organs take a wholly different line, as may be seen in the articles published not so long ago in the *British Medical Journal;* in the article in a work called "The Church (of England) and Medicine"; and in that pleasant book by a well-known physician, "The Corner of Harley Street." Some admit that remarkable cures take place; some even call them miracles; some explain them by that "blessed word" suggestion. Few, however, understand or appreciate the real attitude of the Church to such matters, the distinction between "graces" or "favours" and "miracles," or the meticulous care taken to distinguish between these categories. Thousands of graces, physical and religious, are met with to the one miracle

which occasionally occurs. After all, the matter is one for medical men to discuss, and in this book and another recently published by Doctor Le Bec the question is dealt with by medical men of high standing and complete knowledge, and in such a way as to appeal to their professional brethren. Nowhere, for example, could a more careful and complete dissection of a case be found than in the examination of the case of *Marie Borrel* by Dr Guibé. But indeed all the cases are fully dealt with in a clinical manner, and those who know most about medicine will most fully appreciate the care which has been taken over them. Nor will they fail to note the exclusion of the case of *Raymonde Buffenoir*—very properly excluded, as I think.

The author insists—indeed it cannot be too much insisted upon—on the time factor in so many of these cases, notably, for example, the very remarkable instance of *De Rudder*. No cure could have been looked for in that case without operation—even with it after much lapse of time and loss of bone-substance.

But here and in other cases where recovery might possibly have taken place after weeks or months, the restoration to health was instantaneous or almost so. Such cases are wholly outside the experience of ordinary medicine.

Further, whatever may be said for suggestion, and it is undeniably potent, no medical man will

argue that a cancer of the tongue or breast or a broken bone or a severe case of varicose veins could be suddenly and completely cured by suggestion, or indeed could be in any way amenable to suggestion. And in cures like that of *Gargam* given in this book, or the varicose veins case described by Doctor Le Bec, it is abundantly clear that there was no kind of suggestion, for the patients in both cases went unwillingly to Lourdes, and purely for the sake of satisfying and pleasing their relatives.

The case now stands for the verdict of the Medical Faculty, and it will be hard for them to argue that the instances brought under their notice in this book can be explained in terms of ordinary clinical experience.

BERTRAM C. A. WINDLE,
M.D., Sc.D., F.R.S.

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TRANSLATORS' NOTE.

THE translators desire to acknowledge the great kindness and assistance they received from Dr Wilfrid Bleaden, M.A., M.B., B.Ch. (Oxon), who read through the whole of the MSS. and suggested many emendations.

They are likewise indebted to Dr George Cox, K.S.G., of the Lourdes Medical "Bureau des Constatations," for courteously supplying materials for the Sketch of Dr Boissarie's Career in the Appendix, and also information of general and technical character that has proved most helpful.

If the work in its present form do but help to make the truth about Lourdes clearer to the English-speaking peoples—who have been brought into such close touch of late years with France and its religious and scientific life—the translators will find therein their best compensation.

Twenty Cures at Lourdes

CHAPTER I

THE CURES OF LOURDES

THE pilgrims who flock in crowds each year to join the various pilgrimages to Lourdes are impelled thither by all manner of motives. Some, and they form the majority, make their way to the Grotto of Massabieille solely intent upon rendering to the Virgin Mary the cultus of hyperdulia that is her due; others with less enthusiasm are enticed by their curiosity touching the marvellous events they have so often heard recounted; others again are invalids whom the doctors have despaired of or declared incurable, and they come here in the hope of finding a cure for their physical infirmities; others, and these the least numerous, are just on a flying visit as they tour the Pyrenees, fully determined to discuss and criticise on principle the marvellous occurrences witnessed at Lourdes.

Among these thousands of travellers one notices every year about eight hundred doctors, who thus become more or less directly witnesses of cures for which science has still to account. Some there are who decline to make any comment on these marvels, thinking it idle to compromise themselves; a number are full of prejudice and seek to explain away everything as due to hysteria and suggestion; while very few doctors will acknowledge that many of these occurrences lie beyond the observations of medical science.

The most hostile, as must be admitted, are not always those who join in or follow in the track of these pilgrimages, but rather those who have never set foot in Lourdes. They form their own opinion on the subject from newspaper articles, the personal impressions of pilgrims, the wilful or involuntary errors of the numberless accounts they hear, and they do themselves detect contradictions, false interpretations, and hesitancies well calculated to strengthen them in their prejudice. Then they turn to documentary evidence and reckon up the books written in a party spirit, the best known of these being Zola's novel, where veracity is quite ignored and the author gives his fancy full play to burlesque what he had witnessed.

As yet I have not made my way to Lourdes; but I can quite appreciate what passes there, both from the accounts I have collected and from the descrip-

tions I have read. The throngs there are living in an atmosphere of piety, ardour, charity and an infectious enthusiasm which have their explanation in solemn manifestations of faith such as the general Communions at the grotto, the public Benedictions of the Blessed Sacrament, and the torchlight processions. In such a "milieu," as soon as an invalid rises from his stretcher and utters the long-wished-for cry: "I am cured!" there is a general exclamation of: "A miracle! A miracle!" and all join in a canticle of joy and gratitude. It does not occur to anybody that perhaps the sick person is not completely cured, that his disease is perhaps such as powerful suggestion may banish; all are convinced that it really is a genuine miracle. And so when the doctors at the "Bureau des Constatations Médicales," till lately under the rigorous Dr Boissarie, discuss the case with greater composure and ask time for reflection, or then and there pronounce against the extraordinary character of a cure, there is a general feeling of deception and something of anger almost in the immediate neighbourhood of the person thought to be cured.

In its enthusiasm the crowd does not pause to consider that the medical men, if they are to give an accurate verdict, must needs investigate the case with acumen and due deliberation; in fact, the people are so heedless as to misapprehend the

meaning and value of the word "miracle." The task undertaken by the medical staff appointed to investigate the cures does not aim at determining any specified event to be a miracle; the reports given must bear solely on this point: *Can or cannot the cure be explained by natural means?* Beyond that, the matter rests with the *canonical commissions* appointed by the Bishops, to determine whether the extraordinary cure which has been medically established does or does not possess the qualities requisite for its being pronounced *miraculous*.

The doctors have thus merely to form an opinion as to the material fact of the cures. Can they do this without bias? Have they access to documentary evidence which enables them to reach definite conclusions? This is indeed the case, as can be readily shown.

The sick poor sent to Lourdes with the great pilgrimages are only allowed to entrain on producing a *medical certificate* detailing the actual state of their health. If this document is wanting in precision; if the incurability of the disease, its duration and character are not clearly enough established; or if the case is one of a functional disease, such as hysteria with its multiple manifestations, *admission is not granted*. This applies only to the sick for whom all things are supplied gratis at Lourdes; as anyone may journey thither at his own expense; but no case of a cure is taken

into consideration unless a certificate of this kind can be produced drawn up a few days previous to departure for Lourdes.

As soon as a cure, real or apparent, takes place at Lourdes, the fortunate individual has to report himself to the "Bureau des Constatations," whatever the place or circumstances in which the cure occurs. Under the direction of Dr Boissarie's successor, he undergoes a further examination, the particulars of which are set down on paper by some person present—whenever possible, a medical practitioner; the case is discussed, and after due perusal of the home doctor's certificate, the president decides for or against the case being further considered. He questions the patient, the infirmarians in charge of him, and any relations or friends present, and desires him to obtain on his return home a further certificate, stating the modifications in his state brought about during the pilgrimage. This second certificate should be supplied whenever possible by the same doctor who drew up the first.

The various documents—the two certificates of the doctor and the interrogatories and medical examination at Lourdes—constitute the basis of a "dossier" and are kept either in the Archives of Lourdes or at the Paris office of the National Pilgrimage (4 Avenue de Breteuil). Documentary evidence is thus accessible to all who care to study the cures wrought at Lourdes, or else effected, as

the sequel will show, either by a novena to Our Lady of Lourdes or by a visit to some church dedicated to her in the various countries.

The inquiry is thus protracted over several months or even years, and every year Dr Boissarie [1] held at Paris in the second week of November a general reunion of the miraculously healed.[2] Here extraordinary cases are produced, some of which have stood the test of time for a number of years. It was while present at a meeting that I was struck by a number of cures, and I felt it a duty to undertake a medical examination of some of these, being convinced that by carefully investigating these cures I should be doing a useful work.

I have set aside all considerations other than medical; I have examined solely the clinical factor in the cures, and have not hesitated to include among the twenty cases I am recording two cases in which I could acknowledge no cure. I have followed up this study by a consideration one by one of the objections that may be brought forward against the cures at Lourdes; and thus the second part of this book deals with questions which some readers perhaps would preferably have seen examined at the commencement of my work.

1 Dr Boissarie died on June 28th, 1917.

2 The word "miracle" is taken as synonymous with extraordinary cure, and not—for the time being at least—as denoting any supernatural agency.

CHAPTER II

MARIE LEBRANCHU

THE notorious novel of Zola on "Lourdes" has so often been used as vantage-ground by critics of the cures wrought at the Grotto of Massabieille that we must review the three cases related by the novelist, dealing with individuals well known in spite of their pseudonyms.

La Grivotte, Elise Rouquet, and Sophie Couteau are known in real life as Marie Lebranchu, Marie Lemarchand, and Clémentine Trouvé. At the time of publication of the novel there was a general endeavour to put down all the cures to hysteria and suggestion. Although not a medical man, Zola strove his best to maintain this interpretation. When he talks of La Grivotte—Marie Lebranchu—he does so at studied length, unhesitatingly distorting the facts and striving to detract from the reality of the cure. He all but puts her down as suffering from hysteria, although on his own showing her complaint is tuberculosis.

"La Grivotte, who till then had lain stretched out as one dead, barely breathing, had just raised

herself. She was over thirty, tall and ungainly, with a round wasted face which her curly hair and flaming eyes almost rendered beautiful. She was suffering from phthisis in the third stage. . . . Although talking taxed her strength, she insisted on giving details of her life. She had been a maker of mattresses, working for a long time with one of her aunts in Bercy; and it was to the chemically poisoned wool she had carded as a girl that she attributed her disease. For the last five years she had been the round of the Paris hospitals. Thus she could converse freely about the medical celebrities. The nuns of Lariboisière, noting her delight in religious ceremonies, had completed her conversion and convinced her that Our Lady was awaiting her at Lourdes to effect her cure.

"'And sure enough I am in great need of a cure; they say that one of my lungs has gone and that the other is hardly any better. Cavities, you know. . . . At first I only felt pain between the shoulders, and my sputum was frothy. Then I lost flesh alarmingly. At present I am always perspiring; I have most exhausting fits of coughing, and I can hardly expectorate, so thick is the sputum. . . . And, as you see, I cannot stand; nor can I take food.'"[1]

And a few lines further on, as if in confirmation of this diagnosis, we read:

"But she could say no more; a coughing fit shook her frame and she sank back on the seat. She

[1] "Lourdes, de Zola," pp. 12 and 13.

was struggling for breath, the pink of her cheeks turned blue. Sister Hyacinthe immediately raised her head and wiped her lips with a cloth which came away blood-stained."[1]

Zola sets himself straightway to explain the cure by nervous reaction, as it will help him to score a point later. We have evidence of this in the following passage:

"They were elevated by a great longing, which waxed every minute as if they were burning with an ever-increasing thirst that nought could slake but the miraculous fount. And La Grivotte especially, sitting on her pallet, was clasping her hands and begging to be led to the grotto. *Was not this a beginning of a miracle, this return of will-power, this feverish longing for recovery which raised her from her couch? She had come here in a dead faint and was now sitting up, casting her dark eyes about in every direction, while waiting for the happy moment to arrive, and her face wore a healthy tinge—her resurrection had already begun.*"[2]

Although no doctor, Zola was in the habit of interspersing all his narratives with medical digressions, based on more or less up-to-date manuals. Here he falls especially into the errors common at the time and is bent at all costs on showing that suggestion has played a considerable part in the cure of Marie Lebranchu.

[1] Page 14. [2] Page 147.

The inaccuracies and unnaturalness begin to grow more exaggerated as the story proceeds, particularly when the invalid is about to be let down into the piscina:

"But then something happened. La Grivotte was all in tears because they refused to bathe her.

"'They put it their own way and say I am suffering from phthisis, and that such patients cannot be immersed in cold water. . . . But I saw them immersing one this very morning. So why not me also? . . . During the last half-hour I have quite overstrained myself, trying to make them see they are grieving Our Lady. I am going to be cured, I feel it, I am going to be cured!'"[1]

This flow of words, this over-excitement in a patient all but in her death agony, hardly tallies with the symptoms observable in sufferers from advanced phthisis; for these become breathless in attempting to converse, painfully whispering a word or two in their dyspnœa, and unable to raise themselves in bed. There is something very unreal about the account given of the cure:

"But then the office became a scene of confusion. La Grivotte had swept into the room with a light dancing step, crying aloud: 'I am cured! I am cured!'

"And she described their unwillingness to bathe her; that she had had to persist and entreat them

[1] Page 171.

with tears before she gained her point with the formal permission of Père Fourcade. And as she had said before, no sooner was she some three minutes in the freezing water, ever perspiring and *with the tuberculous hoarseness*, than she felt her strength return on a sudden, lashed into her whole frame as it were with a mighty whip. A fiery exaltation was upon her; she beamed with joy and could not control herself.

" ' I am cured, my dear sirs. . . . I am cured! '

" This time Peter was amazed and eyed her wonderingly. Was this then the young woman he had seen the night before, lying exhausted on the seat in the railway compartment, coughing and spitting blood with her face of an earthy hue? She was not recognisable as she stood there, upright, her cheeks afire and eyes sparkling, with a will of her own and an intoxicating sense of new life.

" ' Gentlemen,' exclaimed Dr Bonamy, ' I find the case most interesting. Let us see. . . . '

" . . . . He drew out the file of papers from beneath the register spread open before him. There were as many as three doctors' certificates, and these he read out himself. All three testified to an advanced stage of phthisis complicated by nervous troubles which made the case a peculiar one.

" Dr Bonamy made a gesture, implying that before such a body of evidence there was no room for doubt. Then he examined the patient's chest at length.

" ' I can hear nothing,' he murmured. ' I can

hear nothing. Or next to nothing,' he corrected himself.

"Then he turned to the twenty-five or thirty doctors who were standing there in dead silence.

"'Gentlemen, if some of you would kindly bring your own abilities to assist in the investigation. . . . We are here to study and discuss.'

"At first not one moved a step. Then one volunteered. In his turn he examined the young woman; but he made no statement and shook his head thoughtfully. In the end he stammered out that in his opinion they should await developments. But another straightway took his place and spoke his mind plainly: he could hear nothing at all; that woman could never have had tuberculosis. He was followed by others, and finally all passed in turn save five or six who held themselves aloof, smiling sarcastically."[1]

From this point La Grivotte never appears but she is for ever repeating: "I am cured! I am cured!" It is her *leitmotiv*. So too the novelist insists continually on the particularly nervous nature of this woman, who is now made to do all things by extremes. He tries to extenuate the partial admission he had let slip while the patient was with the doctors.

Then he proceeds to disparage the cure, and on the return journey he shows us La Grivotte once more a victim of her lung troubles.

[1] Pages 195-196.

"And she (Sister Hyacinthe) settled down in the seat, and kept the head of La Grivotte on her shoulder, wiping her blood-stained lips. The attack passed away, but such utter weakness returned that the poor woman had scarce strength to stammer out:

"'Oh! It is nothing, nothing at all. . . . I am cured, I am cured, quite cured!'"[1]

And elsewhere:

"La Grivotte, who was now shivering with intense fever, overtaken again by her terrible cough. . . ."[2]

An evidently preconceived idea underlies this description throughout. The disease is detailed at length, but solely as regards its exterior manifestations, not by means of its characteristic signs, which none but a doctor could read aright; and, finally, Zola's information of the case itself is utterly vague.

Marie Lebranchu's documents are far clearer and more precise in their simplicity.

That she suffered from tuberculosis of the lungs is indisputable. This has been recognised and stated by Dr Pignol of the Hôtel Dieu and by Dr Marquezy of the Franco-Dutch hospital. Marie Lebranchu had hæmoptysis, purulent expectoration, and tubercle bacilli in the sputum.

[1] Page 555. [2] Page 571.

To a doctor these facts will dispel all doubt; but here some explanation will not be out of place.

Hæmoptysis is the expectoration of blood, red and frothy, and is a common sign in tuberculosis of the lungs. It is sometimes forthcoming at the outset, when the disease settles upon some region of the respiratory organs and causes so much congestion of the lung that the dilated vessels rupture—this is symptomatic of phthisis in the first stage. At other times this expectoration may occur at an advanced stage, when part of the lung has wasted away, and then the blood comes from a more or less important vessel eroded by the destructive process of the disease.

Purulent expectoration is characteristic of at least the second stage of pulmonary tuberculosis, the sputum being as large as a haricot bean or a green pea, consisting of conglomerated pus, mixed with the other mucous fluid expectorated by the patient. The pus arises from the pulmonary lobules and the minute bronchial ramifications, known in anatomy as bronchioles. In the centre of the pus can be observed elastic fibres coming from the dissolving lung tissue, as also white globules of many shapes, common microbes, and, finally, the tubercle bacilli characteristic of tuberculous lesions.

Thus the case of Marie Lebranchu, which exhibited all these three signs, was beyond a doubt

one of tuberculosis. Moreover, in an interview of the Abbé Bournissien with Dr Marquezy we read the following: "She was suffering from tuberculosis, in the second degree; but I recollect that her fever did not correspond with her illness. She was of a nervous, unbalanced temperament, and Monsieur Pignol and myself found her case puzzling. She might have been cured in a natural way. Thus I have had several cases where tuberculosis was cured without active treatment, and if I had given her injections I should have thought they were working wonders. Thus the case is not conclusive."

This interview certainly leads one to think that Marie Lebranchu had, concomitantly with her pulmonary tuberculosis, nervous symptoms of the nature of hysteria. But how many persons suffering from hysteria have not died of tuberculosis!

The case is not conclusive because forsooth this invalid might admittedly have been cured by quite natural means. It is none the less true, however, that Dr Marquezy wrote as follows to Abbé Bournissien on 9th May, 1908: "I recollect having attended, first at the Hôtel Dieu and later at the Franco-Dutch hospital, an invalid called Marie Lebranchu. Her sputum was undoubtedly examined at the former place, but I cannot be sure as to the Dutch hospital. The examination showed tubercle bacilli. In the month of July, 1892, this

woman was at the Dutch hospital and had daily attacks of fever; her condition was precarious in the extreme."

In view of the nervous symptoms that had arrested the attention of this doctor, was Zola justified in striving to insinuate that suggestion may have played a part in the cure? If his account were true, if La Grivotte had again spat blood during her return journey to Paris, this hypothesis might, when all is said and done, be considered admissible. But, unluckily for him, such was not the case, as the documentary evidence shows.

Marie Lebranchu, the daughter of parents who died consumptive, was admitted to the house of the Bon Pasteur at Angers, and was under treatment for tuberculosis at the hands of Dr Farges from her eleventh year. When she wished to set out for Lourdes, the doctors and the religious who nursed her sought to dissuade her, fearing she might die on the way. At Poictiers such was her state of weakness that the nursing Sisters urged a break in the journey; but in vain. When Lourdes was reached she seemed in her death agony.

Concerning the cure, which was quite sudden, we have the evidence of Madame Gueury, one of the lady-hospitallers.

The attendants at the piscina laid Marie Lebranchu in a sheet and let her down into the water. She uttered loud cries, then rose to her feet

exclaiming: "I am cured!" She asked for something to eat, easily disposing of two little cakes, and made her way to the Bureau des Constatations, where the doctors no longer found any trace of a lesion in the lung.

None of the previously observed symptoms have recurred, even during influenza, an illness so serious to sufferers from tuberculosis. Marie Lebranchu is still living, and it is now over twenty years since she was miraculously cured.

In 1908 a canonical investigation was held by Messieurs Bertrin and de la Guibourgère, and we give here the certificate written by Dr Jamin-Daviau, of Angers:

"I, the undersigned E. Jamin, medical practitioner, submit that I have this day, March 25th, 1908, examined for the second time Marie Lebranchu, *alias* 'La Grivotte.' I certify once more, as in my first letter dated July 18th, 1907, that this person, though recently suffering from influenza, is in a most satisfactory state of health. A careful examination with the stethoscope precludes all doubt as to the permanent character of her cure, if I may put it so. The appended X-ray report by my colleague, Dr Sarrazin, confirms in all points my own observations and is very thorough.

"With the X-rays one can detect the slight

traces left by old and very serious disease of the lungs—advanced tuberculosis—in the shape of diminished transparency of the apices; and this is just appreciable with the stethoscope at the same site, by diminished breath sounds; these signs are indisputable witnesses of a miraculous cure—a cure indeed which has continued permanent for fifteen years.

"In faith whereof I have issued the present certificate.

"Dr E. Jamin.

"Angers, *March 25th*, 1908."

Thus Marie Lebranchu was undoubtedly cured suddenly on August 20th, 1892, of advanced pulmonary tuberculosis and under circumstances quite foreign to ordinary medical practice. We have never observed a cure of phthisis in a few seconds. The cure can only be affected after long months of treatment: the patient must have complete rest and a special diet. After more or less complicated and protracted care and attention the ominous symptoms observed at the outset disappear. In time the cure may become permanent, but alas, how many patients succumb to some sudden tuberculosis crisis when they are thought to be definitely healed!

As for Marie Lebranchu, the symptoms of tuber-

culosis disappeared all at once, and after a period of twenty years have not recurred. She married, meanwhile, became a widow, and is still living in good health at the Good Shepherd Home at Angers, where she spent her childhood.

CHAPTER III

MARIE LEMARCHAND

In Zola's novel Marie Lemarchand figures as Elise Rouquet; but our attention is claimed at the outset by the report of her case as drawn up by Dr La Néele of Caen.

MEDICAL NOTES.—Mademoiselle Marie Lemarchand, aged nineteen, resident at 57 rue du Bras, Caen.

Family History.—Father affected with diffuse myelitis; grandfather on father's side died of consumption. Mother suffered from kerato-conjunctivitis for several months, and from typhoid fever at the age of twenty-six years. No nervous troubles.

Personal History.—Marie Lemarchand has always been of a very impressionable disposition; as a child she often suffered from facial neuralgia and pains in the ears.

In June, 1888, as an overgrown and anæmic girl, she suffered from typhoid fever. There were several relapses, and the disease lasted for four or five months.

In the country, between September 3rd and

November 4th, 1888, she had attacks of fright and frenzy, as the result of a rifle-shot which was unexpectedly fired off close beside her. She fled into the fields, a prey to complete delirium.

On December 8th following her state became worse, the fever became almost continuous and she had vague pains in her limbs and waist. On January 15th, 1889, she took to her bed, while the fever increased. She also suffered from "globus hystericus." This state of health continued until March, 1889, when meningitis set in, according to the diagnosis of Dr Juhel, as her parents assert.

Fever and delirium lasted twenty-four days, and she was unconscious. The fever was most intractable. Her delirium and excitement were so extreme that two or three persons could scarcely keep her in bed. Her eyes were turned in to the internal angle (internal strabismus), her face twisted to the left side, the left arm and leg were paralysed, there was acute flexion of the left wrist, while the feet were turned in. The upper part of the trunk showed ill-defined movements and seemed to indicate acute pain in the region of the spinal column.

Gradually the signs of excitement decreased in the mornings; the patient recovered consciousness; but the arm and leg continued paralysed and the hand contracted. In addition, the expectoration of blood and the cough which had begun at the worst stage of the illness also continued.

Later on the patient was again seized every afternoon with delirium, preceded by pain in the pit of the stomach and in the head and back. She would become no longer conscious of her actions, would take fright without cause and try to escape out of bed, uttering such loud cries that the neighbours were disturbed. The family was obliged to remove. She had religious mania (hallucinations) during the crisis, and thought she saw spirits, apparitions of Saints, ghosts and flames. On these occasions she would fall senseless, and remain in a cataleptic state for ten to twenty minutes. During these crises the left leg could make certain movements. The patient could go down on her knees; her muscular energy increased considerably. The following morning she would be very clear-minded, and talk sensibly, but did not recollect what had passed on the preceding day. She could then no longer move her leg, which occasionally became painful and contracted.

These crises lasted an hour or two daily for a year, but were eventually prolonged and continued till three o'clock in the morning.

The left side of the body was quite insensible to any painful stimuli (complete hemi-anæsthesis). This was noted, say the relations, by Dr Barette of Caen about the month of July, 1890.

The parents stated that the little invalid took no nourishment while suffering from meningitis, and

during the following six months she drank only water. Afterwards she took some soup every day with fruit and sweets.

Towards the 15th of October, 1890, a large white swelling appeared on the right cheek; it turned black, increased in size and ulcerated. This ulcer spread over the lower part of the cheek. The mucous membrane of the lower part of the cheek sloughed, discharging greenish pus, as did also the external wound.

At the same time bullæ appeared on the left side of the face. As they broke down a sore was produced which spread over the entire cheek and extended to chin, temple, and upper eyelid. The ring and middle fingers of the right hand also became covered with blisters full of greenish pus. The nail of the ring-finger came away twice, and that of the middle finger once. Then the diseased fingers gradually dried up and there appeared, on the postero-internal part of the middle third of the left leg, a patch of redness that soon became a wound exuding blood-stained serum and foul-smelling pus so freely that several handkerchiefs were daily soaked through. This condition persisted from the end of 1890 to the present time.

The oval-shaped ulcer was fifteen centimetres long by eight centimetres broad.

In the morning of September 28th, 1891, the

undersigned doctor saw the patient for the first time and was able to state:

"1. The presence of offensive wounds on the face discharging greenish-yellow pus, enlargement of the submaxillary glands to the size of a walnut, while there was a swelling of the lips (especially of the upper lip), of the tongue, and also conjunctivitis.

"2. Paralysis of the left arm and leg with right facial paralysis, and contracture of the hand which he was unable to overcome.

"3. The presence at the apex of the left lung of congestion and bronchial breathing, with distinct subcrepitant râles accompanied by moist sounds; the presence of the cough followed by greenish-yellow expectoration, and spitting of blood almost daily since 1888. According to the parents' statement, the cough increased after August, 1891.

"4. The intelligence of the patient, who answered every question put to her."

Dr La Néele saw the patient again on three occasions in the course of the years 1891 and 1892, once in the forenoon and twice in the afternoon. She was then quite delirious, uttering cries and seeking to escape. Besides this, he heard her cries on several occasions, as he was calling to see her father who was ill.

The state of the patient remained unaltered till she left for Lourdes.

The undersigned doctor examined the patient after her return on August 26th, 1892. He observed:

"1. The disappearance of the suppurating wounds on the face and leg; they had completely dried up and were replaced by soft pink scar tissue, covered here and there with dry crusts, which were not adherent, but fell away at the least touch. Beneath these scars there was subcutaneous thickening. On firm pressure, there was no serous exudation. On the left a small submaxillary gland is palpable. The mucous membrane of the mouth is absolutely healthy, the tongue and lips are normal, the face is quite symmetrical, the axes of the eyes absolutely straight and parallel.

"2. The disappearance of the hemiplegia and the return of sensation. The patient can stand upright on either foot alone with her eyes closed; the grip on both sides is equal. She can flex her wrist almost normally. Contracture no longer exists. The patient can rise to her feet and walk without any support.

"3. The disappearance of the nervous crises and of the delirium which came on every afternoon. The patient can recall all the phases of her illness better than her parents.

"4. The disappearance of the physical signs in the lungs. There only exists a slight roughness of the breath sounds. There is no more spitting of blood nor any muco-purulent sputum, nor cough.

"The patient was also examined three times between August 26th and September 1st, and the improvement continues; she eats well, is free from all pain, and has but the general weakness usually noticed in convalescence after prolonged illness.

"DOCTOR LA NÉELE.

"CAEN, *September 1st*, 1892."

This is certainly a fine typical case of hysteria. No characteristic is lacking.

Marie Lemarchand was of a neurotic disposition. Her illness was the result of a shock which neuro-pathologists term *hystero-traumatism*. A shot was unexpectedly fired beside her. She took fright and ran away. She had attacks of suffocation of the very kind Dr Charcot long since described under the name "globus hystericus."

I do not believe there was meningitis, but rather a state of hysteria, despite the fever (an unusual occurrence in this nervous disease), and despite the loss of consciousness. The deviation of the eyes, the paralysis of the face, and the hemiplegia are all symptoms of hysteria. Furthermore, we have here the characteristic stigma of hysteria—hemianæsthesia.

And after the acute stage of the disease, the

crises that recur each afternoon with the loss of consciousness, the crying aloud, the hallucinations and delirium, are purely hysterical. These were followed by the phase of *somnambulism*. There were signs also of double personality when the paralysed limbs were capable of movement, while the contractures were relaxed. The loss of appetite, *anorexia*, is in no way more surprising.

The same may be said of the circumstances attending the breathing; they too have every sign of hysteria. Their evolution was too slow, the pulmonary symptoms were too stationary during four years, from 1888 to 1892, for true tuberculosis. The spitting of blood appears to me to have been but a false hæmoptysis, and can be explained without having recourse to phthisis. Pus that was continually discharging into the mouth was partly swallowed and then expectorated during the fits of coughing, thus accounting for the mucopurulent sputum.

There is nothing surprising in the fact that all these symptoms should have suddenly disappeared. They are due to purely functional troubles, which powerful suggestion can dispel. Intense faith, absolute confidence in the Virgin Mary, the impression produced by the enthusiasm of the multitudes at Lourdes, the ardent desire to be let down into the piscina are factors powerful enough to give rise to suggestion.

The facts that appeal most to the public are not always the most conclusive ones in favour of a miracle. That Marie Lemarchand should have been able, on leaving the piscina, to walk and go down on her knees in the grotto, to kiss the feet of the statue of Massabieille, and should have recovered the use of every limb—all this will not surprise a medical man. This sudden return of animation and instantaneous disappearance of paralysis and contracture due to hysteria no doubt impressed the minds of the pilgrims, and the lady attendants at the piscina may well have said: "Since you are cured, you may walk"; still, this does not constitute an extraordinary cure, any more than the sudden cessation of the hæmoptysis and purulent sputum.

Every medical man comes across equally curious cases in hospitals during his years of training. In 1890, when I was intern assistant of the late Dr Dujardin-Beaumetz, I met with the following case:

A young woman suffering from hysteria had been bedridden for more than a year; she could not support herself, both her legs being paralysed. She was subject to frequent fits, and no treatment had improved her. The poor patient no longer met with any attentions from the doctors, who considered her case incurable.

I took compassion on her, and the idea occurred

to me to fit up some apparatus for physical exercises at the foot of her bed, telling the poor woman that she would in the course of time be able to walk again if she consented to perform regularly twice a day certain exercises I pointed out to her. At the end of a week the patient was able to get up and walk in the ward. I had left the hospital at the time, but a few weeks later a bright, healthy young lady stopped me in the Place de la Bourse: none other than my old case of hysteria, now quite recovered.

Since so simple a thing as placing confidence in a doctor can cure hysterical paralysis, *a fortiori* religious enthusiasm, heightened by a pilgrimage to a famous shrine, can certainly bring about the same results. Hence my conclusion is that the cure of Marie Lemarchand *in so far as she was suffering from hysteria* is not extraordinary. As for the sudden disappearance of the wounds on the face and leg: this is quite another matter. There is here loss of substance and a continual suppuration that was obvious to all. Zola distinctly recollects his feelings of extreme repugnance in the presence of Elise Rouquet, and to describe them he has made use of the most forcible literary expressions:

"At last the neckerchief fell aside and Marie felt a thrill of horror. Lupus had attacked the nose and

mouth and gradually progressed there; an ulcer was slowly spreading under the crusts, eating into the mucous membrane. The almost canine features with the nose and jaws protruding and with the rough hair and large round eyes had become hideous to behold. The cartilages of the nose had now been almost eaten away, the mouth was drawn inwards and twisted to the left by the swelling of the upper lip; it resembled an oblique slit, repulsive and shapeless. And blood mixed with pus was oozing from the large, livid wound."

The complaint, however, was not exactly lupus, but in fact a *trophoneurosis*, as Dr Termason asserts. This expression, made up of two Greek words, signifying *nutrition* and *neurosis*, calls for explanation. Disease of nerves effects changes in the tissues and is characterised by trophic and functional disturbances. This is frequently seen in the sympathetic system of nerves. In the case in point, the disturbance reached the nervous ramifications connected with the circulation in the skin and mucous membranes. As soon as this nervous disturbance occurs, the dermis and epidermis frequently exhibit those little swellings that formed the first stage of Marie Lemarchand's ulcers.

Can it not be then—and this is Zola's point—that these lesions, being dependent on hysteria, may be as curable as the paralysis and contracture in question?

Now the point is, that these trophoneuroses had

become infected. Pyogenic microbes, particularly numerous in the mouth, infected the wounds on the surface and gave rise to long-continued suppuration. They caused the destruction of tissue and formed these large suppurating ulcers. There is no longer question of mere functional disturbance; these are destructive organic lesions, which no suggestion, however powerful, can heal. In the present case there was a high degree of infection in the ulcerated surface—the submaxillary glands had become enlarged, as happens in most cutaneous wounds of the face that become infected; moreover, the skin of the face had become œdematous and swollen by the inflammation of the local lymphatics. This adenitis and lymphangitis, kept active by the ceaseless suppuration, have nothing to do with hysteria.

If untreated, such wounds increase in size. Before cicatrisation can occur, months of constant care and rigorous antiseptic treatment are necessary. And what is the result? Hard cicatrices, white and retracted, repair the loss of tissue; the face is disfigured, for the skin has been deeply destroyed and must be replaced by scar tissue.

The sudden cure of Marie Lemarchand is accurately described in the report of Monsieur le Chanoine Camus de la Guibourgère.

The water of the piscina, in which she was immersed a few moments, had scarcely touched her

when she experienced most violent pains in the head and face, in the paralysed leg and the whole left side; she uttered three piercing cries which were heard from without; but suddenly she felt herself cured and cried out: "I am cured!" The lady attendants at the piscina then said to her: "Since you are cured, you may walk." She sprang to her feet, hastily put on her dressing-gown, and ran to kiss the statue of the Blessed Virgin that was in the place; then she tore off the bandages from her face and leg: there was no more suppuration, everything had cicatrised.

She was then able to make her way to the grotto, supported by her mother, who could not believe what was passing under her eyes, after having been the witness of so much suffering.

At the Bureau des Constatations Dr d'Hombres, of the Aveyron, testified that "in the place of the sore that covered the face, there was a surface which, though still livid, was covered by newly formed epithelium."

Besides Dr La Néele, a number of medical men have borne testimony to this cure as being radical and effected under circumstances truly extraordinary and inexplicable.

In spite of the reticence of Zola, in spite of the sophism upon which he takes his stand when writing: "One can go so far as to prove that the faith that heals can also heal up sores perfectly,

among others a certain class of false lupus"—the cure of Marie Lemarchand is *extraordinary* because it was sudden and lay outside the field of medical experience.

Professor Bernheim of Nancy asserts, moreover, in his "Traité de l'Hypnotisme" that organic lesions are not to be cured by suggestion. "We must beware of exaggeration; the rôle of psychotherapeutics to counteract organic lesions directly is a limited one. It is impossible to arrest inflammation or check the growth of a tumour or any process of sclerosis. . . . And then it must be admitted that the results obtained are but transitory. Suggestion can restore *function*, so long as the lesion has not abolished it completely. . . . Suggestion does not check the organic course of disease, it too often effects but transitory improvements. Diseases which are naturally progressive pursue their inexorable course, till a stage is reached where suggestion can do nothing."

Dr Tennesson has thus every right to conclude his graphic report in the following terms: "I have asserted in a previous report and I now repeat that a suppurating and ulcerated lesion of some size cannot be cured in a few seconds, nor even in a few minutes, whatever its cause, whether microbic or not, and whatever the disease of which it may be symptomatic or form a complication. The cicatrisation of an ulcer requires weeks or months.

And the formation of a new skin requires at the very least a few days, and this only in cases where the lesion is simply epidermic and the treatment well conducted on the proper lines. It was, however, conducted on no lines at all in the case of Marie Lemarchand. Consequently, if this patient on coming to Lourdes was cured in some seconds or minutes of the cutaneous buccal lesion from which she had suffered for two years, this occurrence is not within the medical order of things.

"It lies equally without the medical order from another point of view. Every ulceration implies a more or less substantial destruction of the dermis, and consequently always leaves a cicatrix. As a matter of fact, Marie Lemarchand has no scars. Wherefore, if she has had ulcerations of the skin and buccal mucous membrane, their mode of healing lies beyond the field of pathology."

CHAPTER IV

CLÉMENTINE TROUVÉ

THE third cure of which an account is given in Zola's novel is that of Clémentine Trouvé, whom he has christened Sophie Couteau; but his mode of introducing her is somewhat peculiar:

"'And what is your name, my child?'

"'Sophie Couteau, Monsieur l'Abbé.'

"'You do not actually live at Poictiers?'

"'Oh, no! We come from Vivonne, some four miles away. My father and mother have a little property, and life would be comfortable enough if there were not eight children at home. . . . As for me, I am the fifth. Fortunately the four eldest are beginning to work.'

"'And what do you do, my child?'

"'Oh! I am not of much use, Monsieur l'Abbé. Since last year, ever since I came home cured, I have not had a single quiet day, for you will understand, people came to see me, and I was led to my Lord Bishop, and then to the convents and everywhere. . . . And before that I was ill for a length of time; I could not walk without using a stick, and cried out at every step, my foot pained me so.'

"'Then it was from a diseased foot that Our Lady cured you?'

"Sophie was not given time to answer. Sister Hyacinthe, who was listening, broke in:

"'It was caries of the bones of the left heel, of three years' standing. The foot was swollen and deformed, and there were sinuses that were constantly discharging.'"[1]

Further on the patient tells the story of her cure.

"'Stand up on the seat, Sophie, and speak up a little on account of the noise.'

"This caused her much amusement, and when she had recovered her composure she began:

"'Well, it was this way, you see, my foot was in a hopeless condition, I could not even go to church any longer, and it always had to be bandaged up because things came away that were not exactly nice. . . . Monsieur Rivoire, the doctor, had made an incision to see what was inside, and kept saying he would be obliged to cut away a piece of bone, and that would surely have made me lame. . . . And then after praying fervently to the Blessed Virgin, I went and dipped my foot in the water, with so keen a desire of being cured that I did not even give myself time to remove the bandage. . . . And then it all stayed in the water, there was no longer anything wrong with my foot when I took it out.'

"A murmur of surprise and astonishment ran through the audience at this wonderful account, so

[1] Pages 67-8.

encouraging to the desponding. But the little girl had not done yet. She made a pause and then concluded her story with a new gesture, waving her arms.

" 'At Vivonne, when Monsieur Rivoire saw my foot again, he said: "Whether God or the devil has cured this child is no concern of mine; but the truth is that she is cured." '

" This time laughter arose. She was proving too glib; she had told her story so often that she knew it by heart. The doctor's clever remark was always sure to tell, and she laughed already in anticipation, confident that it would cause amusement. And she stood there in her simple childish way.

" However, she had evidently omitted one detail, for Sister Hyacinthe, who had anticipated the sally of Doctor Rivoire by glancing at the audience, now prompted her gently:

" 'Sophie, and what about your remark to Madame la Comtesse, who is in charge of your class?'

" 'Oh, yes! . . . I had not brought much lint with me for my foot, and I remarked to her: "It was very good of Our Blessed Lady to cure me the first day, for my supply would have run short on the morrow." '[1]

It is clear that Zola does his best to make this character ridiculous. But for all that, the child's cure perplexes him; he asks to have her examined by the Paris doctors. After having made out that

[1] Pages 69-70.

La Grivotte was mentally deranged, and after having poured out his venom on the luckless Elise Rouquet, he now insinuates that Sophie Couteau is telling a story she had had to commit to memory. He was not present at this cure, and yet he was impressed by it; he kissed the little girl and thanked her for praying for him. But what can have been his motive?

A priest of Lourdes has told me that his very soul was moved for a moment; I find this hard to credit; this doctor in human sciences could not have had the spirit of a believer.

I cannot understand how serious-minded people can have taken their stand upon such a work to discuss the cures at Lourdes. In it, facts are distorted freely, when they are facts at all, and they are furthermore buried in a medley of useless details, whose sole purpose it is to explain the cures by suggestion. Beside the real characters imaginary ones are depicted, and those who survive their cure are time and again represented as dead, or as having relapsed into their former infirmities.

One day Zola said to Dr Boissarie: "My characters are my own. I have a right to treat them as I please, to make them live and make them die at will." Fortunately the Abbé Bertrin in his masterly work has taken him to task on the matter: "The writer who pretends to write an *historical* novel has no freedom of this kind," he judiciously

observes, "else he turns traitor to a self-imposed mandate. It is really a case of bearing false witness before one's contemporaries."

The author of "Nana" and "The Assomoir" sets but slight store upon truth; in the present instance he has but one end in view; to throw discredit upon Lourdes. He alters the nature of the cures he has witnessed without the least scruple, but even this is not the most flagrant manifestation of his prejudice. Facts are facts, and though he does indeed modify them somewhat and reduce them to mere trifles, he goes no further. The witnesses of the cures are too numerous for him to travesty the truth in all respects.

On the other hand he does not hesitate in the least, for the furtherance of his cause, to put an entirely hostile interpretation on the character of Bernadette and her apparitions. Upon his showing, the maid was a victim of hysteria, disease, and hallucinations; her visions were conjured up by delirium. The phenomenal development of Lourdes, and the enthusiasm of the multitudes are the work of the clergy, who were deft enough to make capital out of the mental wanderings of the young daughter of the Soubiroux. The whole history of the shrine is here parodied; at any cost he must misrepresent the cures.

But let us say no more of Zola, and return to the case of Clémentine Trouvé.

It is quite a simple case, and the cure leaves little room for discussion; Clémentine was a child with no neurotic tendencies. Whether her complaint be labelled *caries of the calcaneum* or *tuberculous osteo-periostitis*, it matters but little; the main fact being that it was characterised by a suppuration of the heel, discharging pus and fragments of necrosed bone. We insert here a first medical certificate.

"The undersigned doctor certified that Clémentine Trouvé is suffering from osteo-periostitis of the os calcis which has not yielded to treatment by incision and injections. This disease can only be cured by a radical operation on the diseased bone, or by very protracted treatment based on the use of antiseptics and general treatment.

"In testimony whereof, etc.

"DOCTOR CIBIEL.

"LUSIGNAN, *June 12th*, 1891."

At ten years of age the child first noticed on her right heel so painful a swelling that she could no longer put her foot to the ground. Dr Cibiel made an incision, some pus was evacuated, and a sinus formed. As soon as one abscess healed, another appeared and necrosed bone came away. For two years Clémentine was bedridden, and when up, occasions few and far between, she had to use

two crutches. At the Lusignan hospital the same doctor advocated a radical operation, but she would not entertain the idea and asked to be taken to Lourdes.

She was taken to the sanctuary on August 21st, wearing light braided shoes, and with the injured foot swathed in bandages which were renewed thrice daily. After immersion in the piscina, she suddenly felt that she was forced to stand, and the sinus healed up.

The report submitted by Madame Lallier supplies very precise details concerning this cure.

"I had already immersed in the miraculous water a number of poor little invalids, when I saw Clémentine Trouvé draw near me. To this day I perfectly recollect how much she impressed me. I was struck by her pure and frank appearance, and noted her pale and sickly face. She dragged herself painfully along, leaning on a heavy stick.

"I took the poor child's legs with great care and immersed them myself in the blessed water, in a large foot-bath, reciting at the same time the customary prayers to Our Blessed Lady.

"After having said a 'Hail Mary' I began the invocation: 'Blessed be the holy and Immaculate Conception,' etc., but before I had time to conclude, the little invalid started up with the cry: 'I am cured, let me go!'

"And in fact she had been quite cured then and there by the miraculous water of Our Lady of Lourdes. At that precise moment I saw on her right heel *a large cicatrix* forming, so to say, beneath my very eyes; the flesh closed together and seemed to knit up of itself. I could hardly credit my senses, and was so much affected that I could not follow Clémentine, who was in a transport of delight and insisted on going at once to the grotto to thank the Blessed Virgin and deposit her stick there—my feet would not carry me.

"After some moments I overtook the little *miraculée*, who was walking with perfect ease, and I led her to the Bureau des Constatations. Many doctors were present. . . . These gentlemen questioned Clémentine Trouvé at considerable length and the persons who had accompanied her from Poictiers to Lourdes. I was also questioned as to what had passed.

"LALLIER.

"SENS, RUE DE L'EPÉE, *January 17th*, 1895."

That the cure was sudden is indisputable, and it lies outside the field of our ordinary practice.

It should be added that Dr Cibiel, who had attended the child and supplied the first certificate, also penned the following:

"The undersigned doctor certifies that Clémentine Trouvé, who was on June 12th, 1891, suffering

from sinuses in the foot due to tuberculous periostitis, is at the present time cured and exhibits no trace of the former affection beyond some scarring and a slight fullness in the sole of the foot. I certify moreover that the pressure brought to bear on the region is not attended with pain, and that the young patient can easily support herself on the affected foot.

"In testimony whereof. . . .

"DOCTOR CIBIEL.

"LUSIGNAN, *September 1st*, 1891."

There is some possibility that had Clémentine Trouvé been put under sufficiently powerful aseptic treatment instead of being left to herself for the space of two years, she might have been perfectly healed by natural means. For all that, Dr Cibiel was advocating a radical operation, of the precise nature of which the certificate is silent; apart from the amputation of the foot—too drastic a measure—the diseased bone might have been scraped and suitable after-treatment applied; however, even in this case the cure would have come about very slowly; for cicatrisation some weeks would have been required, and it could not have occurred so rapidly as Madame Lallier witnessed.

CHAPTER V

ANGÈLE LORENCE

On the 21st of August, 1911, Angèle Lorence was cured at Lourdes of a tuberculous tumour of the right foot and of Pott's disease in the dorso-lumbar region. When she set out for the Pyrenees, she was provided with a certificate by Dr Quesnel, stating that he had treated her for tuberculosis of the bone for the space of six years.

As I am personally acquainted with this patient and have followed the course of her disease, I am in a position to supply very precise information as to the various stages of her double osseous tuberculosis.

This young person was ill for a space of ten years. In 1901 she was already acting as domestic servant, when she fractured her right ankle and was incapacitated for more than three months. When able to resume her former duties, she noticed that every evening when retiring for the night her right foot was somewhat swollen, besides being a continual source of pain to her. She worked on, none the less; but in 1904 she accompanied her

master's family to Monaco, and there was seized with such pain that walking became impossible.

One of the doctors of the hospital at Monaco examined her, and diagnosed tuberculous trouble of the right ankle joint. He gave her injections of chloride of zinc, according to the Lannelongue system, and immobilised the foot. Abscesses formed, and these the surgeon lanced, taking also the opportunity to scrape the diseased bones. But all was to no purpose; after sixteen months spent in the hospital, Angèle Lorence could not walk without crutches.

After her return to Paris with the same family, she was admitted to the Beaujon Hospital and was put under Dr Tuffier, and here the bones were scraped anew. Finally, to put an end to her continual limping, the surgeon divided the tendo Achillis. The patient grew weary of passing from one hospital to another, and rejoined her family in Brittany; but here a further accident occurred and increased the seriousness of her condition. She slipped on the stairs, fractured her right arm and bruised her back. The fracture was set, and healed easily, owing to the attentions of Dr Quesnel; but a swelling appeared in the dorso-lumbar region and Pott's disease developed.

The sufferer set out for Berck, and was attended to by an assistant of Dr Calot, who made her a plaster corset. As life was expensive at Berck, she

returned home, wearing a surgical corset in place of the plaster mould.

Thus Angèle Lorence had subjected herself for ten years to painful and expensive courses of treatment without deriving the least appreciable benefit; she had become an invalid in the full sense of the term, if not an incurable one.

The tuberculosis of the bone had pursued its usual course in her case, settling at the sites of injury, the ankle and the spinal column, and its course was characteristically protracted. The outlook was gloomy, as ten years' treatment had not improved matters.

On August 19th she arrived at Lourdes with the French National Pilgrimage. Her first immersion in the piscina produced no result. On the 20th a second immersion was followed by no cure; but on the 21st, after taking her third bath, she walked up the steps of the piscina by herself, put on her clothes and walked about, waving her crutches in the air. On her own initiative, she made her way to the grotto, fell on her knees, and rising to her feet she found herself completely cured of the tuberculous disease of the foot. At the Bureau des Constatations the doctors were compelled to acknowledge the complete cicatrisation of the diseased foot.

Two days afterwards, when she was with her sister in Paris, she was constantly complaining that

her surgical corset was uncomfortable, and asked that it be replaced by an ordinary one. Her Pott's disease had been cured as well, and on her return to Brittany Dr Quesnel testified to the double cure.

On November 22nd, 1911, I was able to examine Angèle Lorence at leisure. Her carriage is perfectly erect, she walks with ease, although there remains a slight limp in the right leg. Her foot, which I examined, can be put through all normal movements without pain, and no cicatrix is visible to mark the place of the former incisions.

The spine is perfectly straight—there is no deformity; all that can be noted is a slight depression at the level of the spinal process of the last dorsal vertebra.

Thus the patient is effectually cured, and her cure was realised under circumstances for which no explanation is forthcoming.

Tuberculous tumours and Pott's disease are admittedly curable; but for this time is required, nor is there ever that swift cure, as observed in the case of Angèle Lorence. In natural cures some stiffness in the joints always remains, or else some spinal deformity; while in the present case there is no trace of such signs.

Therefore we have here a cure which is evidently extraordinary.

CHAPTER VI

LÉONIE LÉVÊQUE

Dr Moullin, of Nogent-le-Rotrou, has himself drawn up the following document:

Notes on the case of Mademoiselle Léonie Lévêque, teacher at the boarding school of Mademoiselle Renon at Nogent-le-Rotrou (Eure-et-Loire).

Good health until the age of fourteen. Then she developed pronounced anæmia, curvature of the spine, and had to wear a special corset and remain constantly lying flat. From this time she was always in some pain. Menstruation was irregular; at times fortnightly, at others only at intervals of several months.

At eighteen, peritonitis supervened, as a result of appendicitis and enteritis; condition critical; eventually relief by spontaneous suppuration through the abdominal wall. Still the inflammatory condition of the bowels continued for a long time, and the patient had to be dieted until quite recently.

At the age of twenty, headache set in, taking the form of acute pain lasting two or three hours in the infra-orbital regions and in the orbital cavities.

The patient's endeavours to blow her nose were unavailing; the attacks of pain came to an end with a more or less abundant flow of pus through the nostrils. These attacks recurred about every three weeks; but meanwhile there was constantly some degree of headache, and the patient was unfit for any work.

At twenty-four Mademoiselle Lévêque became school teacher at Honfleur. The sea air wrought a general improvement in her health, but the attacks of headache did not subside. In June, 1906, œdema set in at the base of the nose and the patient consulted Dr Lenhardt, a Havre specialist. He advised an operation, but did not perform it.

In September the patient came to Nogent, where she took charge of Standard I. The pains were less acute, but still remained.

In May, 1907, I was first requested to deal with the case. There was very acute pain in the infra-orbital region, together with œdema and sickness. Considering her case a serious one, I advised the patient to go to Le Mans and consult Dr Chevallier. The latter diagnosed inflammation of the frontal sinus.

On May 25th, the *first operation* took place. An incision was made above the left orbital ridge, the bone was curetted and drained through the left nostril. These measures brought about relief for a few days.

On June 17th, a fresh operation was deemed necessary. This time the diseased part was fully exposed; to secure efficient drainage two drainage tubes were inserted, one to the right, the other to the left. No improvement followed; pain still very acute, general health declined still more, while walking became impossible.

On July 8th, œdema in the left infra-orbital region.

I sent the patient back to Le Mans. Drs Chevallier and Mordret advised immediate operation, and on the 10th they opened the left sinus. Drainage was established by means of tubes. There was a slight improvement during the few following days, then the pain set in again and the suppuration became more considerable. The patient had to spend her days on a couch.

Dr Chevallier advised that Dr Laurens of Paris should be consulted. The consultation was fixed for the 18th October, but in view of the rapid development of the disease, the patient went to Dr Laurens on October 5th, and the latter upon examination judged it very urgent to operate.

The patient returned to Le Mans, and on October 8th sinusectomy of the right side was performed and the front wall of the frontal bone was cut away. There was a subsequent improvement as long as the drainage continued.

From this time symptoms of deep-seated organic troubles became apparent; pronounced cardiac

troubles, arhythmic tachycardia and total loss of appetite. At the end of April the patient returned to Nogent. The heart was still in a very bad condition; digitalis and spartein were necessary. The patient had to stay in her bed.

On May 7th she was weighed at the chemist's, Monsieur Fourny; she registered seven stone. The eye troubles grew worse and dizziness became frequent. On June 6th a fit of dizziness caused her to fall down a flight of stairs, injuring her head. An abscess developed. Dr Chevallier diagnosed osteitis and resolved to make an incision, though the state of the heart prohibited the use of chloroform or even cocaine. Two incisions were made above the right eyebrow, slightly more than an inch apart; and a drain inserted. Pus began to discharge the following day through the nasal duet into the patient's throat, being considerable in quantity and foul. General health rapidly declined, the patient taking nothing but a little champagne. The suffering was so intense that as many as five injections of morphia had to be given in succession.

On June 12th the patient's weight was six stone seven pounds, and she resolved to go to Lourdes. Considering her weakness, I dissuaded her from joining a pilgrimage. She set out with the assistant teacher of the school and reached Lourdes on the 15th July, after an extremely painful journey, which had all but to be broken at Bordeaux.

On the 16th July, at six in the evening, after a day spent in extreme agony, the patient suddenly felt herself cured. All pain had disappeared and the drainage tube came away with the bandage. The patient was able to eat and sleep normally.

I saw her when she returned from Lourdes; the wound had completely cicatrised. The patient no longer felt any pain, either spontaneously or when the part was percussed with some force. The eye troubles had subsided, as also the fits of vertigo.

She returned again at the beginning of the month without any pain. She eats and sleeps very well. The heart is normal.

On July 16th her weight was five stone seven pounds; on the 22nd it was six stone ten pounds; and on August 14th, seven stone.

DOCTOR MOULLIN.

NOGENT-LE-ROTROU, *August 18th*, 1908.

In this instance the cure was effected spontaneously after a series of operations had been performed to no purpose. I have been able to interview Mademoiselle Lévêque and to determine the circumstances attendant upon the sudden arrest of the suppuration. Let me here set down my queries and her replies.

"Mademoiselle, I should like to know precisely when your illness began?"

"Well, doctor, my head began to cause me real

pain in 1899. Fits of suffering would come over me, and in the forehead they were so violent that I would go striking my head against the walls. At this time I was doing some teaching in England. My memory was strangely affected. I could not gauge the lapse of time, and had to be notified of the time for starting and breaking off my classes, but once I had started teaching I was quite clear about my subject."

"Were you not at the time thought to be suffering from hysteria?"

"I was not told so, but I believe that was the case. In 1900 I was at St Joseph's Hospital, and the doctor who attended me used to hypnotise me regularly. I left the establishment to escape such treatment."

"Were you equally sensitive on both sides of the body when you were pricked or pinched?"

"Perfectly so."

"Did other doctors treat you for nervous troubles?"

"Yes, doctor, until 1903. I was then sent as a school teacher to Honfleur. I gave piano lessons, but after some hours the headaches would come on again with increasing violence."

"Was then no examination made of your nose and throat at the time?"

"An examination was first made in June, 1906, by Dr Lenhardt of Havre. He advised an opera-

tion, but did not perform it himself as he was starting for his holidays. I was then sent to Nogent-le-Rotrou. I obtained some relief from menthol inhalations."

"It was in 1907 that you were first operated upon?"

"Yes, sir, on May 25th; but as you may have seen from Dr Moullin's report, not one of my *five operations* procured me more than a few days' relief."

"When was it you saw double?"

"Immediately after my fourth operation on October 8th, 1907."

"How did you come to the resolution of going to Lourdes?"

"I was entertaining the idea from April, 1908, but I only made up my mind on June 16th, while at the Bonnière clinical hospital at Le Mans. I meant to join the National Pilgrimage. As I am a Breton, hailing from Lamballe, I should have liked to travel with the pilgrims from Rennes. I wrote to the director, but was informed that all places were booked. Eventually I was admitted among the pilgrims from Laval, but not in an invalid coach. I heard later that there was no lack of room, but it was feared I should die before reaching Lourdes.

"I was glad enough in thinking that my desires were realised, but felt alarmed at the prospect of

remaining seated more than twenty-four hours in a compartment of eight."

"You were in a very bad way at the time, then, and I quite understand Dr Moullin's efforts to dissuade you from the journey."

"And yet the disease progressed so rapidly that I was more keen on the journey than ever. The last operation had led to nothing: the abscess on the forehead was followed by others in close succession and I was in such pain that as many as three injections of morphia did not relieve me. I was no longer able to feed myself, and for nourishment could take only some spoonfuls of champagne; and on July 11th had not even this. Thereupon Dr Moullin said to Mademoiselle Renon, the head school-mistress: 'I cannot countenance Mademoiselle Léonie's travelling with the pilgrimage; and besides, if she is set upon going to Lourdes, there is need of haste; in a few days it will be too late.'"

"In view of this admonition suitable arrangements were made for your travelling, I expect?"

"Yes, indeed, sir. I was told that the assistant teacher, Mademoiselle Oubert, would go with me. She was a good friend and had nursed me tenderly ever since I came to Rotrou. She slept in my room and dressed the wound. She was at my side during all my operations. So my mother was told of the journey, and on July 14th we set out for Lourdes."

Léonie Lévêque proceeded to give a detailed account of the happenings on the way.

She had not left her bed for a fortnight previously. Her sufferings had brought her to such a pass that she no longer dared move her head: Mademoiselle Oubert or the lady-infirmarian had to support her head in both hands when wishing to change her position, and this required extreme caution. The bandages were constantly being soaked through by thick, foul pus. The two travelled in a first-class coach. The vibration of the train was so painful to the poor patient that she did not know what position to take up; at times she had herself laid out on the seat, or else Mademoiselle Oubert would take her on her knees and support her head. An hour's stop at Tours proved soothing; but on its resumption the journey became only more painful. They had to make a break at Bordeaux; they were scarcely able to obtain admission at an hotel adjacent to the station, for Mademoiselle Oubert's companion was all but a corpse. They contrived to set out on the morrow, and reached Lourdes on July 15th, towards noon.

On the 16th, Léonie had herself taken to the piscina, but she was in such a state of weakness that the attendants refused to immerse her. One of them, after having spent half an hour in unwinding the various layers of bandages soaked

with pus, bathed her face with Lourdes water. Thence she passed to the medical office and handed in the following certificate:

"I, the undersigned medical practitioner, certify that Mademoiselle Lévêque, a teacher attached to Mademoiselle Renon's establishment at Nogent-le-Rotrou (Eure-et-Loire), has become affected with inflammation of the frontal sinus on both sides. In spite of several surgical operations, no cure has been effected. The existing conditions are chronic suppuration and osteitis of the frontal bone. I consider it impossible to undertake any further operation at present, in view of the state of the diseased region and the patient's general health, which is weakened to an extreme degree.

"DOCTEUR CHEVALLIER.

"LE MANS, *July 9th*, 1908."

With his usual quiet manner, Dr Boissarie read the certificate and then looked up at the patient. "Go through your pilgrimage," said he, "and come to me again before you leave."

During the procession of the Blessed Sacrament the patient was suffering so that she could not utter a prayer; she raised the bandages and there was a flow of pus more copious and nauseous than ever. She felt herself fainting away and thought death was at hand. She was taken back to the hotel and laid out on a lounge in the garden.

In honour of the Golden Jubilee, Mass was being celebrated that day at six in the evening. Before going out to assist, Mademoiselle Oubert dressed the wound again and noticed that the right drainage tube showed a tendency to loosen itself from the wound.

Left to herself, Léonie Lévêque felt a deep gloom come over her; her sufferings increased and became more acute than she had yet experienced. In a fit of discouragement she raised herself and held her head with both hands. Did this mean the approach of death?

But the sequel was far different. At six o'clock an indescribable calm came upon her, and her tears flowed freely. All pain vanished on the spot, and the patient no longer saw double. "This cannot be a cure," thought Léonie; but yet there was no more pain in the forehead, even when she struck it with her hand. A new sense of life coursed through her limbs; at seven-fifteen she rose suddenly, went down a flight of fifteen steps to the street and walked to meet Mademoiselle Oubert, whom she caught sight of.

"I must go to the grotto," she exclaimed. "I rather think I am cured!"

After a hearty dinner they went for a stroll through the town, which was decked out with flags and bunting.

In the middle of the night Léonie Lévêque sat

up in bed and exclaimed: "Why, I am cured! I feel no pain, whatever attitude I take!" The right drainage tube had fallen out, and the wound had become cicatrised. The wound on the left was bathed, and then the patient, who for months had lain sleepless, now fell into a deep sleep. When she awoke, a little blood came away from the wound, but the flow of pus had ceased.

The young patient breakfasted on a large cup of chocolate, went to hear Mass, sauntered about the whole forenoon without the least sense of fatigue, came back to her hotel and made a very hearty meal. In the afternoon, on returning from the procession, she unfastened the bandages, and the other drainage tube fell into the basin, leaving but a small fleshy protuberance on the forehead that disappeared the next day. The cure was a radical and permanent one; no more pus was discharged from either nose or throat; the forehead wounds had quite healed up, so that further drainage was unnecessary.

There was still a formality to be gone through—to report to the Medical Bureau. In the document entrusted to the Bishop of Chartres, Léonie Lévêque has reported her impressions of the scene.

"The time had come to call at the Medical Bureau. I was feeling nervous, for Dr Boissarie's manner is abrupt and brusque. I had seen him dismiss the cases of several poor patients who had

thought themselves cured. What if he were to treat me after that fashion?"

"What matter?" replied Mademoiselle Oubert. "It would be just something of a humiliation, and you could try to offer it to Our Blessed Lady."

"When I entered, there were several doctors present and many persons, mostly Italians, looking over the photographs of former 'cases' that had been cured. I addressed myself to Dr Boissarie.

"'Sir, you instructed me to come and see you before leaving; well, I am travelling away to-night.'

"'Oh, indeed, and you feel no worse?'

"Far from feeling any worse, I rather think I am cured.'

"'Cured, cured! You do not understand what you are talking about. Complaints such as yours do not get cured. If the surgeon uses his knife it is mainly to alleviate pain; such diseases break out again all the more severely.'

"Then he turned to the doctors present and said: 'It is a case of caries of the frontal bone, double sinusitis, several times operated upon. This disease is testified to and recorded in the certificates of two doctors, one of whom is a specialist; they are dated July 9th and 10th. And so you say you are cured?'

"'Well, doctor, my object in coming was rather

to ask your advice; but at any rate my forehead has healed up.'

"'Healed up! Remove the bandage and come near me.'

"I took off the bandage; he examined my forehead, and I noted his look of surprise. Several doctors came round me; they all touched my forehead, and made various signs to one another of which I could make nothing. Then Dr Boissarie turned to Mademoiselle Oubert:

"'Pray sit down,' he said, 'and write as I dictate.'

"Then he questioned me concerning my family, the antecedents of the disease, etc. Mademoiselle Oubert was at her writing, while the doctors occasionally rapped on my forehead again. I was in a state of suspense. At last I caught the words:

"'The cure seems quite certain and complete; it is one of the finest cures.'

"What an unutterable moment was that! I started to replace my bandage mechanically, but Dr Boissarie stayed me.

"'Do not put it on again,' he said. 'You no longer need it.'"

This cure does not allow of natural explanations, especially when one quite grasps the degree of Léonie Lévêque's disease, which had been time and again operated upon to no purpose. The

notes appended, which were taken down by a Paris specialist, show clearly the poor patient's state previous to her operation:

"The left frontal sinus, and subsequently the right frontal sinus, were the seats of persistent suppuration, accompanied by violent pains in the forehead and head generally. There were, besides, general troubles of a serious character and at times a disquieting general depression. The periods without pain were relatively brief.

"From May, 1907, to March, 1908, Dr Chevallier of Le Mans had to perform a series of three serious operations at the Bonnière clinical hospital (rue de Flore): the trephining of the left frontal sinus, followed by that of the right, and finally, on February 11th, 1908, nine months after the first operation, the sinuses were completely obliterated and the skin united over the deep recess thus formed, after curetting the ethmoidal cells.

"During the intervals between these three main operations, and *even after the last*, suppuration broke out again, and several times the seat of the diseases had to be opened up afresh and curetted and drained for a considerable length of time. . . . As for the frontal seat of disease, suppuration still continued. It drained exteriorly, while the pus also found an outlet by way of the nasal duct into the patient's throat."

Dr Henry Thomas, of Lons-le-Saulnier, was at Lourdes in July, 1908, and has supplied the following particulars:

"Concerning Mademoiselle Lévêque, this is what I witnessed. On July 16th, 1908, an extremely hot and oppressive day, Mademoiselle Lévêque came to the Medical Bureau and asked to have a seat. She had a companion with her. There were a number of visitors at the bureau that day, and I should have taken no notice of the patient but for the fearful smell from the forehead which tended to make all retire to a respectful distance. The bandage was saturated through and through with pus, and that shows how considerable the suppuration must have been. I did not undo the bandage, and did not therefore see the wound before the cure; all I had done was to ask Mademoiselle Lévêque's companion 'What is her complaint?' To which I was answered: 'It is frontal sinus disease that has broken out again after seven operations.' The patient had moreover certificates from her doctors.

"The day after the cure, the patient reported herself to the Medical Bureau. The wound was perfectly cicatrised, and the scar was manifestly of recent formation."

This series of documents proves that the cure of Léonie Lévêque was indeed effected under decidedly extraordinary circumstances, since the suppuration

ceased and the wound healed up within a few hours. At the time of writing, more than four years after the event, no symptom of the old trouble has recurred; there is a deep scar running across the forehead above the eyebrows, while the skin is healthy, and Léonie Lévêque can fulfil every duty with facility.

CHAPTER VII

MARGUERITE VERZIER

MARGUERITE VERZIER sustained a fracture of the right femur, which after three months' treatment remained ununited, as the young patient could not be kept motionless. On July 9th, 1909, when the Ardèche pilgrimage was setting out for Lourdes, she went to receive Holy Communion, whereupon her fracture was firmly united on the spot. Before going further it will be well to peruse the certificate issued by Dr Tournaire.

Certificate of Dr Tournaire, Medical Officer at the Asylum of La Teppe

"TAIN, *July 24th*, 1909.

"I, the undersigned Jean Tournaire, M.D. of the Lyons Faculty, Medical Officer at the Asylum of La Teppe, beg to state that I have had under my care Mademoiselle Marguerite Verzier of Lyons, aged eighteen, an inmate of the La Teppe Asylum since March 27th, 1909, who on April 7th, 1909, fractured her right femur by a fall of some twenty-three feet.

"The case was one of fracture of the femur in the centre, with overriding of the fragments and a *two-inch shortening* of the limb.

"Application was immediately made of extension and counter-extension, but to no purpose, as the patient could not be kept motionless, owing to vertigo and very frequent nervous movements. The apparatus was reapplied several times, but always ineffectually. The use of the 'Bonnet' apparatus also failed: the patient could not be kept at rest upon it.

"The fracture, on July 7th, appeared to be at the same stage as on April 7th. *No callus had been formed*, the fragments were still overriding; the same abnormal restlessness was observed in the patient, while the limb still showed two inches of shortening, and was very painful to palpation.

"Now I *certify* that in the forenoon of July 9th, that is barely forty-eight hours after my last visit, I saw the patient again, who said that she had been suddenly cured. In fact, I observed on examination that *the fracture had been consolidated and callus had formed* of a very substantial kind, as far as was ascertainable; that there was only one inch of shortening, while the patient did not manifest the least sign of pain despite the very strong pressure I applied at the seat of the fracture.

"I straightway made the patient leave her bed,

and leaning on my arm she walked round the room, limping somewhat of course, but not being otherwise inconvenienced, and she could *move* her leg about in any direction.

"At the present date, July 24th, the patient is progressing a trifle daily; she can walk by herself without support of any kind, though a limp remains with slight eversion of the foot.

"To sum up, we have here the sudden union of a fracture of the femur, which appears to me, medically speaking, to defy explanation, and which I trust time will prove to be permanent."

This certificate is categorical; in less than forty-eight hours the doctor witnessed the consolidation of a fracture of three months' standing. How comes it then that consolidation should not have been effected in the course of these three months? A fracture of the femur needs some sixty days to be healed, and if after this lapse of time the patient is not yet equal to walking on account of muscular weakness, he can at least rest the feet on the ground and take a few steps. Whereas in the case of Mademoiselle Verzier, there had been no change for the better after the three months, but her situation was worse than on the day of the accident —how are we to explain this anomaly?

On March 27th, 1909, Marguerite, who was suffering from a very serious nervous disorder, had

been admitted by mistake to the Asylum of La Teppe. As a matter of fact she was suffering, not from insanity, but from hystero-epilepsy, as the particulars supplied by the Sister-in-charge indicate.

She was subject to convulsions of such a nature that it required several persons to keep her under restraint; and when in a quieter state the young girl was unconscious of all that passed around her. She suffered, too, from somnambulism.

She was making preparations to leave the asylum and return to her family when she was momentarily left by herself. A window was near, some twenty-three feet above the ground. In her irresponsible state she fell through the window, landing in a heap on the hard ground. Besides fracturing her leg, she began to exhibit psychic troubles which were interpreted as due to hystero-traumatism.

Marguerite had now lost her memory, forgotten her name and that of her country, did not recognise her relations, not even her father and sisters who called to see her from Lyons. Amid the general mental perturbation, the religious feeling had alone kept normal. She had become childish and would say to the Sister at her side:

"Do tell me something pretty."

And she would say "tu" and "toi" to everybody, as children do. She was spoken to about God, the Blessed Virgin and Heaven; whereupon

her face would light up, and quite enraptured she would say:

"Oh, that is as good as Heaven!"

This would have been considered mystical delirium (religious mania) some years back at the Salpétrière. But this is decidedly not the case, since the religious topic was the only one she could treat coherently.

The convulsions of hystero-epilepsy which shook her frame continually were the direct cause of the non-union of the bone.

The setting of such a fracture of the femur is in itself a simple matter. The two portions of bone are brought in contact, by means of extension and counter-extension; then, by means of plaster or metal splints, or a "Bonnet" trough, the bone so reduced is maintained in the best position from forty-five to sixty days (six weeks to two months). The healing is, however, only effected upon one condition—that the patient be willing and able to keep the limb at rest.

This condition was never fulfilled in the case of Marguerite Verzier, owing to the ever-recurring fits of hystero-epilepsy. All the devices resorted to by Dr Tournaire with this end in view were of no avail; he even went so far as to seek to effect the reduction with the patient under an anæsthetic, but such a crisis supervened that this attempt had to be given up as well.

The deplorable state of the young patient can be easily pictured. At the least attack of hystero-epilepsy the thigh-bone was shaken and the fragments of bone grated audibly against each other, and when the patient had grown calm again, she would delight in moving the limb about in every direction. All manner of complications seemed inevitable.

Such was the state of things when Marguerite came to hear that a pilgrimage of the Ardèche Department was about to leave for Lourdes.

"There is no need for me to go to Lourdes," she said. "If Our Lady wishes to cure me, she can quite well do so here."

Then she resolved to write a letter to Our Lady.

"I want to write a letter for the pilgrims to take with them in Our Lady's letter-box."

With much labour and after a series of attempts, she wrote:

"My Dear Mother,—I am coming to ask you to let me die, for I am suffering very much; but if you think I am not brave enough, do just cure me —or if you are unwilling to do either, then give me patience and resignation."

With truly admirable confidence, she was constantly repeating:

"Sunday next, I shall be either dead or cured."

With the continual restlessness the leg had

become shortened. The young girl was in such pain that time after time her cries would echo through the whole building, ending only when a fainting-fit supervened.

On July 8th, at seven in the morning, a priest administered Holy Communion to her. She had hardly received the Host between her lips when "her whole frame seemed to creak"; there was a spasm of extreme pain—and she was cured.

For some moments she continued in silent prayer. Then she said very quietly:

"I am cured! I want to walk about."

But those around her, well aware of her nervous condition, said not a word. She persisted:

"I am cured! I want to walk."

The Sister raised the blankets and looked at the leg.

"Press hard upon the place of the fracture," urged the patient. The Sister did so. "That does not cause me any pain."

She bent, extended and moved the leg and foot about easily and painlessly. Then she grew impatient at the apparent incredulousness of the bystanders.

"How very cautious you all are. You want to prevent Our Lady from working a miracle!"

The infirmarian Sister drew a chair near the bed, made the Sign of the Cross on Marguerite's forehead, and said to her:

"In the name of Our Lady of Lourdes, arise."

The girl leapt to her feet, but fell back upon the bed in a sitting position.

"You see you are not cured!"

"I am indeed. Only my ankle cracked fearfully."

One of the more important signs accompanying a fracture of the femur is the eversion of the foot; and it had occurred in the case of Marguerite Verzier. In fact the surgeon had been unable to restore it to its normal position; now, however, it was set right practically instantaneously.

Matters had reached this stage when the Sister Superior and the doctor made their entry. Dr Tournaire realised that a cure had been effected, and exclaimed:

"The fracture has united!"

On the morrow his former patient cross-examined him closely.

"Is it true that you said two days ago that I could not be cured?"

"Yes."

"And to-day you tell me the bones have knit together?"

"Yes."

Then she turned to the numerous bystanders and said:

"You see how idle was your disbelief! You

have heard what the doctor says; it is a miracle of Our Blessed Lady!"

From that day the young girl recovered her health. The nervous attacks ceased completely, walking became easy and no longer fatiguing. On July 5th, 1910, Dr Tournaire had no hesitation in issuing the further certificate appended:

"I, the undersigned Jean Tournaire, M.D. of Lyons, Medical Officer at La Teppe Asylum (Drôme), certify that since July 24th, 1909 (the date of the certificate of cure), no change has taken place in the state of Marguerite Verzier's femur that had been fractured; consequently the cure is of a permanent character. The callus is very strong; there is no pain; the shortening of the right leg is but trifling and only shows itself in a very slight limp. Mademoiselle Verzier can run freely and take long walks without experiencing fatigue in the right leg.

"In testimony whereof I have issued this certificate.

"DOCTOR J. TOURNAIRE,

"*Medical Officer at La Teppe Asylum.*"

On November 14th, 1911, Dr Vincent of Lyons made the following report on this case:

"At the request of Dr Boissarie, I examined Mademoiselle Verzier on November 11th of the

current year, 1911, that is to say after a lapse of over two years since her cure.

"This young lady has at the present day every appearance of being healthy and well-balanced. Her conversation does not betray the least weakness of mind; nor can any signs of hysteria be detected. Since her cure on July 9th, 1909, she has experienced no nervous fatigue of any kind.

"Turning now to the limb directly affected; its examination shows that the femur has undoubtedly been fractured in the centre.

"The right femur only measures 38 centimetres instead of 40 to 40.5 centimetres, which is the length of the left femur. From a distance of 17 centimetres above the knee-joint the shaft of the bone is thickened more on the right than on the left side. This mode of measuring the right limb does not bring out the difference of the bone thickness as the muscles are somewhat atrophied on the right, owing to the fracture. Better evidence of the state of the bone is obtained by palpation. By this means the shaft of the bone is found to be thicker in the case of the right femur from its centre upwards, due to the presence of callus, which is still considerable and envelops the extremities of the bone where they meet and overlap; there is also some internal angulation at the site of fracture. The fracture probably ran obliquely downwards and inwards, at the junction

of the upper and middle thirds of the femur; the upper fragment has been drawn inwards by the adductor muscles, while the lower has slipped over the other fragment on the outer side for the space of two to three centimetres.

"The union of the fragments is extremely strong. Let me be allowed to note one interesting detail: All the movements of the hip can be duly executed except abduction; the patient cannot abduct the right leg as much as the left, and when with the hand the abduction is continued to its full extent, the hip becomes in a manner dislocated, as if there were a tendency of the head of the femur to subluxation downwards. X-rays alone can reveal the precise state of the bones forming the hip joint and the state of the shaft of the right femur at the level of the fracture.

"It would be no matter for surprise if the fall from the second story had caused some lesion in the hip. It was also responsible for a sprain, or medio-tarsal luxation of the left foot. This lesion we observe has been healed, leaving some deformity so that there is some flattening of the arch of the foot. This malformation does not detract from the strength of the instep. The young lady can support herself and take quite long walks like any ordinary person. She hardly limps at all. The actual shortening of the leg is less than an inch and forms but a trifling inconvenience. It could

besides be met by fitting a thicker sole to the right shoe or boot.

"Thus the examination I have just set on record quite confirms the existence of a fracture of the femur of Mademoiselle Verzier. It further proves that this fracture had completely united, that the overriding portions have been enveloped with callus for a space of something over an inch, and that osseous and periosteal elements of callus still are in evidence.

"All this, however, does not prove that the consolidation was effected instantaneously, nor on the other hand that its course followed the normal laws. Whether or not we are dealing here with a miracle is a question which my examination does not authorise me to pronounce upon. The key to the problem is to be found solely in the testimony of the doctor who attended the patient throughout, and who saw and examined for himself at what may be called the psychological moment.

"As a matter of fact, this medical man, who is worthy of respect and credence, states that he had witnessed, in the space of forty-eight hours, the union of two fragments of bone which had previously been ununited; he also testifies to a considerable reduction of the overriding, which previously caused a two-inch shortening of the limb.

"In the face of such assertion, no objections

can stand. We are brought at once to the crucial point: Is it scientifically possible that a pseudarthrosis should disappear within forty-eight hours? One cannot but answer in the negative; particularly if there was no formation of callus between and around the fragments. And that this was not the case would appear from the deposition of eye-witnesses, who state that the fragments were movable and protruded beneath the skin.

"The union of the bones and the all but instantaneous reduction of the shortening of the limb are the more inexplicable from a natural point of view in that neither traction nor immobilisation prepared the way for the cure. The certificate states that the restlessness of the patient had rendered these means of treatment impracticable.

"Therefore, if everything so happened as Dr Tournaire states, if all the items of his report are correct—and I must express my conviction that there is nothing that can lead us to question them—the conclusion to be drawn from the study of the case is definitely in favour of some influence outside the natural order.

"Thus it is logical to conclude with Dr Tournaire that there attaches to the case of Mademoiselle Verzier something that defies scientific explanation and that it should apparently be classed along with that of De Rudder.

"Such is the opinion of the undersigned Dr

Eugène Vincent, professor of the Lyons Faculty, ex-surgeon of the Charity Hospital at Lyons.

"(*Signed*) DR VINCENT,
"P.G.C."

Dr Vincent had requested that the patient's femur be X-rayed; when he had been supplied with the plate, he completed his report in the following terms:

"Dr Eugène Vincent inquired of Dr Tournaire if before July 9th he had not observed the formation of callus around the overriding fragments of bone; whether these fragments had remained ununited and movable as when the limb was first fractured, or whether callus was not beginning to be formed.

"Dr Tournaire replied in the letter appended:

"'DEAR SIR,—I am writing to send you the particulars you requested in yours of November 11th, concerning Mademoiselle Verzier. As far as I can remember—for the case is of more than two years' standing—there was a certain swelling of the femur. As for the overriding extremities of the fractured bone, I was always able to distinguish them very well till within two days of the consolidation of the fracture, that is, until my last visit. I believe the pseudarthrosis presented a slight degree of thickening and of callus. It was rather a difficult matter to investigate, for the patient was for ever restless and very difficult to examine (palpation

being very painful to the sufferer, increasing her agitation and making her cry).'

"Dr Vincent is in receipt of the X-ray plates taken by Dr Regad of Valence some time after the cure of Mademoiselle Verzier. He encloses a traced copy of them duly sanctioned by him, and remarks that the fragments seem to overlap for the space of two and a half inches. An important point he notes is that the length of the oblique fracture in the bone is of two inches, and that the overriding only involves the fractured extremities. If by applying traction it were possible to sever the callus and make the two bones slip along each other for a space of four-fifths of an inch, the femur would be restored to its full length. To sum up, the X-rays reveal the fact of the fracture of the shaft and its nature; it shows that the actual extent of the overriding is very slight, corresponding to a shortening of the limb which is now under an inch.

"(*Signed*) Dr Vincent.

"Lyons, *November 17th*, 1911."

In this interesting report there are two noteworthy points:

1. The cure of the fracture.
2. The cessation of the nervous troubles.

1. The fracture has healed up, but in this there is nothing extraordinary of itself. As Dr Vincent

remarked, the patient could have been cured in a natural way by means of immobilisation and traction. What defies explanation is the extremely rapid consolidation of the two fragments of bone, within forty-eight hours, by means of osseous callus of a firm and lasting character, which could not have been produced in less than six weeks or two months. According to the Sister's account, this consolidation was practically instantaneous. But what matter? Whether the consolidation be considered as effected within forty-eight hours between the two visits of Dr Tournaire, or as having been brought about instantaneously at the time of receiving Holy Communion, the conditions attending the cure are such as medical science is unable to explain.

2. In a note appended to Professor Vincent's report, Dr Van der Elst states that whether it was to epilepsy or hysteria that Marguerite Verzier had been subject, this suddenly ceased as soon as the fracture had united.

I am rather inclined to believe her case was one of hysteria, and such must have been the opinion of the learned doctor of Lyons, for when examining the young lady he sought, but fruitlessly, for traces of hysteria on November 14th, 1911.

The partisans of hysteria and suggestion have sought to explain by hypnotic suggestion the cures of Lourdes, and with such persistence that the

medical men of the "Bureau" are justified in following the prudent course of excluding nervous cases entirely from their records. We do not wish to slight this judicious practice, but may nevertheless advisedly pause to consider a case so singular as that of Marguerite Verzier.

Until the remarkable union of her fractured thigh, she suffered from attacks of convulsions so violent that several persons were needed to hold the patient, and these attacks would be repeated as often as eighteen times in the course of a day (as a maximum).

After her fall she lost consciousness of the past, forgot her personality and even her name; nor could she recognise her relations. She lapsed into childhood; her speech became childish, and she could not talk rationally.

Then suddenly when the bone united the fits ceased and intelligence returned; and it all came about in the smoothest and simplest way.

The mental state of this young lady does not resemble that of the general run of hysterical cases. During my time as resident with Dr Dumontpallier at the Paris Hôtel Dieu many cases of hysteria came under my notice. It is here that poor women are stranded, some of whom have had their hour of glorious life. In his famous picture of the Salpétrière a great painter has depicted one of these. They were all in a deplorable psychic condition,

in spite of suggestion. They were whimsical, capricious, untruthful; spending their time in attracting public attention; self-centred; and bringing themselves into notice by their eccentricities, even those whose state seemed somewhat ameliorated.

The behaviour of Mademoiselle Verzier was of quite another type. An event of the greatest consequence for her had taken place that July morning. Still she remained perfectly calm, prolonged her thanksgiving, and then said quietly: "I am cured; I want to walk." She persisted in her desire, but not impatiently or boisterously; and then on the morrow she cross-examined the doctor as related above.

In November, 1911, I had an opportunity of examining her very carefully; I conversed with her and found nothing in her manner to which one could take exception. I found that she was a young lady radiant with health, calm, gentle, and very sensible.

CHAPTER VIII

MARIE BORREL

In a very thorough article in the *Journal de la Grotte* of Lourdes, Dr Sablé has given a detailed account of the extraordinary cure of Mademoiselle Marie Borrel. She was healed within a few hours of six fistulæ from which pus and fæcal matter had been discharged for two years in spite of the fact that she had been twice under surgical treatment.

In 1901 the disease first made its appearance in the form of successive attacks of appendicitis, on account of which the patient was despatched to the surgical hospital of Dr Forgues at Montpellier. She here underwent an operation of which no particulars are to hand, and then returned to Mende.

The cicatrix that formed after the operation remained very sensitive; after the lapse of some months an abscess formed and its incision led to the formation of a fistula, constantly discharging pus. Daily dressing enabled Marie Borrel to carry on her work as sempstress.

At this juncture Dr Bardol, formerly attached to

the Paris hospitals, and at the time doing surgical work at the Mende Hospital, suggested operating upon this fistula in the hope of curing the condition. He consequently made an incision in the abdomen, but finding " thick and tough adhesions that completely barred the way to all direct examination," he closed up the wound, and the fistula continued to discharge pus. About the same time pains developed in the lumbar region of such an acute nature that Marie Borrel was unable to endure any movement of the body and was consequently placed in a trough of the " Bonnet " type.

At the beginning of 1905 a new abscess developed a little above and outside the purulent orifice. This opened of itself, causing a second fistula which soon joined with the original one.

For half a year nothing but pus made its way through these two openings; but at this time perforation of the intestine occurred and besides the pus there was also discharged fæcal matter. A third fistula developed and completed the artificial anus through which all the motions of the patient passed, nor did she have as much as one completely natural stool till she had journeyed to Lourdes.

In addition, two new fistulæ formed in the loin. These were of an exclusively purulent character, and finally a sixth, pyo-stercoral, developed near the first three in the iliac region.

These numerous outlets were but the manifestations of a chronic infiltration, seemingly of a tuberculous nature, which had led to the formation of the tough adhesions Dr Bardol had found. The fistulæ with their outlet at the skin were so deep-seated as to reach the cæcum; and this is why fæcal matter passed.

The dressing of these fistulæ had to be renewed twice daily, and there came away at times formed matter, at others diarrhœal stools with badly digested food débris.

The patient could no longer pass urine without being catheterised, and then the fluid was purulent; during periods of varying lengths she could take no food owing to œsphageal spasms of a highly painful description; and she became a morphomaniac as well. It was when in this pitiable condition that she asked to join the National Pilgrimage to Lourdes, and Dr Bardol supplied her with the following certificate:

"I, the undersigned medical practitioner, some time an 'Interne' attached to the Paris hospitals, certify that Mademoiselle Marie Borrel has now been afflicted some three years with several pyo-stercoral fistulæ in the right side of the abdomen in connection with chronic inflammation of the cæcum and appendix, for which she has already undergone a serious operation at Montpellier and several

minor operations at the Mende Hospital. The same disease has led to anchylosis of the lumbar spine, which prevents the patient from bending, standing or walking.

"DR BARDOL.

"MENDE, *July 8th*, 1907."

The report of Dr Sablé goes far more into detail, but the summary given above sufficiently indicates the pitiable condition of Marie Borrel when setting out for her pilgrimage on August 15th, 1907. She was suffering from a most distressing and repulsive disease for herself personally, as the dressing was constantly being soiled and had to be changed twice daily; distressing too for those about her, who had every reason for their feelings of repugnance. One must have seen in our hospitals the wretched sufferers from whom the surgeons have had to open up an artificial anus in order to grasp all the misery of the situation.

The details of the journey to Lourdes and of the cure could not be told better than in Dr Sablé's own words.

"The transfer of the patient was extremely painful. On August 15th she set out from Mende and reached Montpellier, where she spent some hours on a litter. During the journey from Montpellier to Lourdes the lady-infirmarians renewed the dressing to see how matters stood (fæcal matter and pus coming away on the dressing),

and on catheterisation the urine was scanty and thick. They also gave her injections of morphia when the pain grew unbearable.

"On Saturday, August 17th, she reached Lourdes and found accommodation at the Hospital of the Seven Dolours. The actual state of the patient is thus described by Mademoiselle Arnaud:

"'I unfastened the outer bandage and removed the gauze. The wool and the protective tissue were all covered with pus and fæcal matter. I then found a mass of pus and other matter covering the whole abdomen and the right side of the loins. After washing it with warm water, six fistulæ appeared. From the four lower ones issued fæcal matter and pus, while the others discharged a quantity of greenish pus. The last fistulæ, situated in the lumbar region, was very painful, and in a very bad state, the pus being greener and more abundant.'

"No amelioration was to be noticed on the 18th or 19th of August. As did the other patients, Marie Borrel went to the grotto, to the Rosary Church, and to the afternoon procession; and she was also bathed in the piscina. On August 20th the fæcal matter was abundant and firm, and the urine thick.

"Nevertheless the general state of health was a little better. The night from the 19th to the 20th was a good one for Marie Borrel, and she was subsequently able to eat and retain food.

"On the Tuesday evening (August 20th, 1907) she was dressed at the baths. At nine o'clock, after two injections of morphia had been given, the patient fell asleep and spent a very good night.

"This brings us to August 21st, 1907. The state of the patient at the time of the morning dressing, as described by Mademoiselle de Pistoris, who was tending her, assisted by Mademoiselle Dehan, was as follows:

"'There was still some pus and fæcal matter, but in lesser quantities, the latter being hard and formed; at the back the dressing had stuck to the skin. Then the sores were for the first time washed with Lourdes water. The dressing was re-applied.'

"In the evening there was no fæcal matter, and the fistulæ appeared to have cicatrised. Mademoiselle de Pistoris, after a further washing with Lourdes water, re-applied the same dressing as it was dry and had only two purulent stains at the back.

"The pyo-stercoral fistulæ were completely closed up during the daytime of Wednesday, August 21st, 1907. In the morning the dressing was soiled and the wounds were open. In the evening the pyo-stercoral fistulæ had closed up, there was no pus discharged, and the dressing was dry except behind, where there were two little stains corresponding to the lumbar fistulæ (the stains

being of the size of a pin's head). Such was the result affected in the course of that momentous day.

"That very Wednesday evening, Marie Borrel felt some desire for a normal motion, but it was ineffectual. The urine, obtained by catheterisation, was clearer and in greater quantity than usual. Two centigrams of morphia were injected.

"Sleep was excellent, and the patient without pain or complaint. We may add that her appetite was good. In the course of this day, August 21st, Marie Borrel took food in a very gratifying way.

"*Thursday, August 22nd*, 1907.—The fistulæ of Marie Borrel had closed up and cicatrised since the previous day, the 21st. That this was so is apparent from the foregoing. Still the patient continued on her back motionless, fixed in the horizontal position, unable to rise or walk.

"In the morning Mademoiselle de Pistoris was again in attendance, dressed her, led her to the baths, but did not touch the dressing.

"Towards eight in the morning the patient was bathed by Madame de Villeneuve and Madame Lasalle. While being undressed—a matter of some difficulty—Marie Borrel was in very great pain. According to Dr Boissarie, she even fainted. She had to be supported under the loins and the armpits while the wet sheet was slipped under her. No sooner had her feet touched the water than she raised herself with a cry, before

having been immersed, and said: 'I am cured!' Then she voluntarily stooped and raised herself swiftly three times in succession, thus dipping down three times into the water of the piscina.

"Marie Borrel was completely cured. She could walk by herself, and made her way to the Medical Bureau. She went in radiant, walked about with facility, and could bend down, sit down, and rise without difficulty.

"With our Professor, Dr Desplats, and several colleagues, we examined her carefully. On the abdomen a number of cicatrices met our eyes. First there was the linear scar, the trace of the former operation at Montpellier. On the outside there was a depression, in the hollow of which was a cicatrix of quite recent formation. That was the seat of the first pyo-stercoral fistula, which was open the previous morning. It was now completely healed, the skin formation being quite finished, the epidermis being pale pink.

"This scar, which was already retractile and partly covered over by the skin round about, rested on a fibrous substructure, which separated it from the abdominal cavity.

"In the place of the second fistula, closer to the iliac spine, there was a new cicatrix, retractile as was the first, with a subcutaneous fibrous base, and complete skin-formation.

"On the side of the abdomen the two scars were

smaller and less retractile. The cicatrisation was complete, the epidermis pale pink, of a deeper colour in the centre.

"The two lumbar fistulæ had quite healed up, but the skin formation was still incomplete. The first fistula presented a small central fleshy surface of a rosy hue (a trifle larger than a pin's head), and was surrounded by epidermis of recent formation. On the second fistula this granulating surface was somewhat more extensive (five or six square millimetres).

"These two last fistulæ did not discharge on pressure. Nor was there the least sign of any opening. Thus the six fistulæ had closed up, and only in the case of the two lumbar fistulæ was the skin-formation still incomplete.

"None of these scars were painful. The epidermis covering them was a pale pink, and apparently of recent formation.

"The anterior scars had a tough fibrous substratum. Coughing caused no bulging and there was no tendency to hernia.

"So much for what remained of the sores. The dressing which covered them previous to the bath was also submitted to inspection. This dressing, which had been applied for the first time on the morning of Wednesday, August 21st, had been left with no renewal till the immersion on the 22nd. It was quite dry in the part corresponding

to the front of the body, while where it had rested against the lumbar fistulæ, two stains of pus had slightly marked the wool. This is a proof that the four pyo-stercoral fistulæ were closed by the evening.

"To the touch, the iliac fossæ were painless and supple, and so, too, were the flank and the lumbar region; nor was there any peritoneal friction. The vertebral column was flexible, and percussion of the vertebræ produced no pain. The patient could bow down and recover, bend forward and backward with the greatest ease. On examination, the other organs—heart, lungs, liver, stomach, urinary organs, etc.—did not reveal any pathological signs.

"Toward eleven o'clock Marie Borrel had a normal stool—the first for six months. Catheterisation was no longer necessary; she could pass urine normally, and this urine was copious and clear, containing neither pus nor albumin.

"Here, then, is the local condition. The fistulæ had closed up, the rigidity of the spine had disappeared, the motions had become normal again, and the urine was once more clear and passed normally.

"From the point of view of her general health, the transformation was no less marked. Marie Borrel still remained somewhat thin, with a rather pale countenance; but she no longer suffered in any

way. She ate like a person full of life, slept well, and seemed on the high way to perfect health.

"To this extremely swift and thorough transformation, one reservation must be made. The morphia habit persisted. It is curious enough that the craving for this poison only died away by degrees. For a fortnight Marie Borrel had to struggle against herself to relinquish the morphia entirely, and the struggle was a serious one. During these two weeks some injections had still to be given, but after that term she was completely and definitely cured."

Little need be said of the home journey. In proportion as the outward journey had been painful, so was the return full of delight. Marie Borrel could come and go in the compartment, and she was able to attend to her own needs like a normal person.

Beyond a doubt, the cure of Marie Borrel was brought about in a manner for which no medical law can account. The testimony of such first-class medical men as Dr Bardol, Dr Desplats, Professor of the Free Medical Faculty at Lille, and Dr Sablé, cannot be impugned.

The cicatrisation of the fistulæ, which had been discharging pus for thirty months, was effected in a single day, the 21st of August. There was nothing to lead one to anticipate such a turn of events, and Marie Borrel seemed doomed to a

miserable existence, the more so as the tough adhesions that had developed in the abdominal cavity had every appearance of being due to tuberculosis.

The four pyo-stercoral fistulæ were the first to heal. For three years they had been kept open by the continuous discharge of pus and fæcal matter. Such fistulæ cannot be said to have a natural tendency to close; while the host of pyogenic and saprophytic organisms are only calculated to prolong their duration. Yet they closed spontaneously between the time of two dressings, after having been merely bathed with Lourdes water.

The apertures from which pus only had been discharged closed a little later; and when they were examined all the scars already showed well-marked skin-formation.

The resumption of normal motions was not less remarkable, particularly as it came about suddenly and was of a complete and lasting character. The fistulæ had not been twenty-four hours closed when the stools became normal again *per vias naturales*, whereas for six months they had found no exit but by the artificial anus. Such rapid restorations of organic functions of this kind are never recorded; furthermore, since 1907 the cure of Marie Borrel has been maintained.

Dr Guibé, a noted surgeon of the Paris hospitals, has made quite a special study of this

case, and I am pleased to add the paper supplied by him. (I print it as it stands, only remarking that the word "miracle" must here be understood in the sense of "extraordinary cure.")

Investigation of the Miraculous Cure of Mademoiselle Marie Borrel which took place at Lourdes on August 21st and 22nd, 1907.

Among the most wonderful of the miraculous cures I have witnessed at the Grotto of Lourdes, that of Marie Borrel, which occurred on August 21st and 22nd, 1907, deservedly ranks with the most famous.

Marie Borrel suffered from a number of pyo-stercoral fistulæ when she undertook a pilgrimage to Lourdes, and was cured of the condition, not instantaneously, but within twenty-four hours.

We have made a protracted inquiry into this case, with the result that there can be no doubt that the cure in question really lies outside the usual course of events. But can it be said that a miracle has occurred here, i.e., a cure affected by a power not acting *counter* to the laws of nature, but acting *outside* and *above* them, or else is this cure merely one that would be extremely rare, but yet admitting a natural explanation?

Such is the point at issue; and we must add, *it is the only one.*

In order to prove that the cure in question is of the supernatural order, we shall establish in succession the following propositions:

1. The affection from which Marie Borrel was suffering was a disease whose cure, besides being very much a matter of chance, could only have been possible after a surgical operation and very protracted treatment; while the possibility of a cure in the course of a few days, let alone hours, was quite out of the question.

2. Marie Borrel was cured of her disease, if not instantaneously, at least in a manner superlatively rapid, far exceeding all admissible limits.

3. This cure was seemingly effected spontaneously, i.e., in the absence of all treatment, or at least under the influence of a treatment to which a natural cure could not be attributed.

4. This cure, both by its swiftness and the circumstances attending it, exceeds the powers of nature and must consequently be considered supernatural.

To all readers who would like to have precise knowledge of all the details of the cure, we recommend the very complete report of Dr Sablé in the *Journal de la Grotto de Lourdes*, October 16th, 1910.

I

Inquiry into the affection from which Marie Borrel suffered.

(1) Existence of Marie Borrel.

Marie Borrel is not by any means a mythical person. She was born at Pommier in the commune of Cultures (Lozère) on November 11th, 1879. At the time of her cure her mother was dead, but her father and two brothers were living.

Her existence is further established by the testimony of a number of persons who were in contact with the sufferer during her illness or at her cure. First among these is her doctor at Mende, Dr Bardol, and further all the doctors who examined her at Lourdes at the time of the cure—Drs Boissarie, Cox, Desplats, Sablé—all of whom have re-examined her several times subsequently; add to these several persons at Mende, the Sister Superior of the hospital of Mende where the patient was for some considerable time, and several ladies who had offered their services as infirmarians, and attended on Marie Borrel, leaving documentary evidence of her state, especially Mesdemoiselles Arnaud, de Pistoris, Guizard, mostly residents of Montpellier, with whose pilgrimage-train Marie Borrel had travelled.

(2) The existence of Marie Borrel's disease.

The existence of her complaint is firmly established. There is in the first place the certificate of her own medical men; there is that of the Sister Superior of Mende, and in addition the depositions of most of the persons mentioned above. Furthermore, Marie Borrel bears on her person indelible traces of the disease from which she suffered.

It must be remarked that by its very nature this affection could not pass unperceived, even by the least discerning or least cognisant of the state of things, and that no medical testimony was needed to establish the fact of her illness.

(3) The nature of Marie Borrel's disease.

We must admit that we are here on less solid ground, for lack of certain particulars necessary to a sound diagnosis of the case.

Dr Bardol and all those who subsequently attended Marie Borrel have stated that she was suffering from a tuberculous disease of the cæcum and appendix, which had led to the formation of localised peritonitis, on the right side, extending to the skin and developing fistulæ, followed by necrosis of the intestinal wall and the transformation of the merely purulent fistulæ into pyo-stercoral ones. And as a matter of fact, this hypothesis is the most probable and easiest of acceptance, though it be an hypothesis.

Another theory might be advanced, though less

probability attaches to it, viz., that the condition was Pott's disease of the lumbar spine. This would explain the violent lumbar pains suffered by the patient, together with the rigidity and anchylosis of the vertebral column, the sensitiveness of the spine to all pressure, the retention of urine and perhaps of fæcal matter, and also the inability to bend down or walk. It is not impossible that an abscess originating in bone, instead of developing in the habitual manner beneath the peritoneal and aponeurotic covering of the ilio-psoas muscle, should have perforated this covering and caused peritonitis in contact with the intestine, and that in course of time it should have first opened up its way to the skin and then ulcerated the intestine itself.

But was it tuberculous? This is perhaps not definitely established. Cancer, however, can undoubtedly be eliminated in view of the protracted character of the disease, the age of the patient and the appearance of the fistulæ.

And what about actinomycosis? The absence of yellow granules in the pus is of little consequence in my opinion; but in cases of this nature a constant sign of the disease is extensive induration and a woody consistency which did not definitely manifest itself in the present instance.

Finally there is the possibility that the lesions were due to simple inflammation, a theory not impossible but very unusual. We are thus some-

what short of data for pronouncing positively upon the diagnosis.

There are besides certain minor points worthy of note.

The report refers several times to solid and hard fæcal matter. As a matter of fact, solid matter is not usually met with at the level of the cæcum; in the cæcum the contents of the intestine are nearly always fluid; they can hardly be formed at all; while solid motions are practically impossible.

Could the explanation be that the deep-seated opening of the pyo-stercoral fistulæ in this instance was not the cæcum, but connected with the intestine at the level of the sigmoid flexure or the transverse colon? This is possible, but not probable; though the transverse colon and the sigmoid flexure may meet in the right iliac fossa, it is a rare occurrence and only to be admitted on absolutely definite evidence.

But whatever the report leaves doubtful about the precise nature of the disease, this does not detract at all from its value. The main issue remains beyond the sphere of doubt—pyo-stercoral fistulæ were present in this case, nor were there merely one or two, but there were in all *six* fistulæ, four of which were pyo-stercoral and the other two only purulent.

(4) The possibility of cure of Marie Borrel.

(*a*) Marie Borrel's disease was not incurable.

Pyo-stercoral fistulæ, particularly when they have reached this stage of complexity, are among the diseases most difficult to cure. The difficulty is further increased when the pyo-stercoral fistulæ are due to tuberculosis. Nevertheless, speaking scientifically, it cannot be said that these fistulæ are incurable, for all their serious character. We must therefore take exception to such expressions as that of Dr Sablé speaking of the "cure of an incurable disease."

As in many other diseases, a cure can hardly be effected unless recourse be had to the specialist. Hence Dr Lebec's statement was quite correct—that in Marie Borrel's case a cure was absolutely impossible by natural means. But we must differ from him when he states that a cure is almost—if not quite—impossible by surgical means. This is true enough considering the surgical treatment he suggested; namely, immediate operative interference. But this is not the treatment called for by this type of fistulæ.

When one wishes to cure a pyo-stercoral fistula, the first thing to be done is to transform it into a merely purulent fistulæ. To this end recourse is had to a double surgical operation as follows: After opening the abdomen the intestine is divided as closely as possible above the lesion; the gut is similarly divided below the lesion; then the lower

end of the intestine above the fistula is sutured to the upper end of the intestine below the fistula, so as to restore the continuity of the intestine and the normal course of its contents towards the anus, fæcal matter being thus excluded from passing through the part of the intestine between the two sections, this part being short circuited. As for the other two openings of the intestine, they are either both closed up—when the fistulæ are broad enough for the intestine easily to be washed out, or else they are led up to the skin, whereby the whole piece short-circuited can be freely irrigated. This diversion of all fæcal matter from the part of the intestine affected by the fistulæ changes the latter from pyo-stercoral to merely purulent; gradually the fistulæ narrow, the suppuration lessens, and from this point a cure may be effected by means of simpler and less drastic surgery.

Was such treatment possible in the case of Marie Borrel? There is nothing to warrant an *a priori* denial, and the tough adhesions encountered by Dr Bardol when operating, are quite common and do not admit of the operation being set down as impossible on this score.

But would it have led to a cure in this case? The state of the disease was serious and it might have been rash to promise recovery; still, all things considered, there was nothing to justify a categorical denial, and I must admit that I fail to see the

point of Dr Lebec's arguments for the impossibility of the cure. "As for the fistulæ due to tuberculosis," he says, "it is practically impossible to cure them. A certain part of the region affected by the tuberculosis can indeed be removed, but tubercles are inevitably left in the abdomen. Now these tubercles develop upon the under surface of the scar and would grow and ulcerate through the skin, producing the condition as seen in the case of Marie Borrel." But if this were so, it would amount to a denial of the surgeon's ability to cure any local tuberculosis whatever without removing the complete seat of the disease, an operation not always practicable, and yet this is far from always preventing a cure. For it is common knowledge that tuberculous peritonitis can be cured by operation which, when the abdomen is closed, leaves the peritoneum and the intestine still studded with tubercles. It is consequently impossible to prove the disorder incurable on scientific grounds.

Let me hasten to add that this incurability does not in any way contradict the reality of the miracle. No one, indeed, would seriously contest the fact of a miraculous cure, did he see the application of Lourdes water or of some relic have the instantaneous effect of healing up a varicose ulcer as large as one's palm, or of consolidating a recent fracture of the leg, on the pretext that the cure of the former case was possible within a month or two

of rest and proper treatment, whilst the fracture once set and immobilised could heal in forty or fifty days, and that consequently neither case was incurable. For cures of this kind rank among miraculous occurrences "*quæ divinitus fiunt præter ordinem communiter servatum in rebus*" as St Thomas of Aquin defines them. (Summa contra Gentiles. Lib. III., c. 101.) The essence of the miracle lies not so much in the incurability of the lesion as in the extraordinary manner in which the cure was effected.

The word miracle implies the intervention of a supernatural power, which for us Catholics cannot be other than God. Now it would be childish to hold that God would find it more difficult to cicatrise a cancerous ulcer than any ordinary wound, to cure an incurable disease than one open to be cured in the course of nature. The cure of a disorder *certainly incurable* would, however, be a miracle without the shadow of a doubt, since it could not be brought about except *præter ordinem communiter servatum in rebus*, nor would the mode of its accomplishment in any way qualify the *fait accompli.*

(*b*) The disease from which Marie Borrel suffered required a *very long* time to be cured. We have shown that Marie Borrel was afflicted with several pyo-stercoral fistulæ; we can now go a step further

and establish the fact that certain circumstances attended these lesions which rendered a swift cure impossible.

(i.) The deep-seated intestinal lesion was very extensive. This is shown by the considerable stercoral discharge by way of the fistulæ, these being in fact the sole exits of the intestines. The loss of substance of the intestinal wall must have been great indeed to afford an exit to firm and solid matter, such as occasionally happened.

Further, it is practically certain that below this point some obstruction had developed in the intestine, such as stricture, compression, or more probably a matting together of the coils of intestine, so as to close up the lumen of the gut; for otherwise it would be hardly credible that the anus passed absolutely no fæces or flatus for six months—a point proved convincingly by our everyday experience with cases of artificial anus.

(ii.) There was an abscess between the intestine and the skin. Nothing else would explain the very notable flow of pus; this is symptomatic of there being within the abdominal wall an intermediary abscess, perhaps of no little capacity, but in any case it must have had extensive ramifications since these various fistulæ were its outlets.

(iii.) The cutaneous orifice was very considerable, at least for some of the fistulæ, as in the case of

fistulæ one and two the opening at the skin was of a finger's-breadth.

With such lesions there could be no such thing as a rapid cure. In the first place, as a *sine qua non*, fæcal matter must be diverted so as to be discharged by the anus, leaving the fistula free to work its own cure. Now this rendered necessary the removal of the obstruction hindering the normal discharge of the fæcal matter. But as no particulars as to the nature of this obstacle are forthcoming, we are unable to determine whether it could have been removed rapidly or spontaneously. In any case the probability of its sudden disappearance just at the critical time is very unlikely, the obstruction having continued for the space of six months. But let us admit the condition as surgically realisable by an exclusion of the intestine. Would a cure follow at once? No—for cure, a series of stages would be necessary, each of some duration. These are:

(*a*) Healing of the purulent sinus in the abdominal wall, that is to say, the transformation of the fleshy, soft, purulent granulations lining the sinus into red and healthy granulations, which by coalescing would fill in and close the cavity. This involves a considerable time whenever the sinuses are ramified or great in size or number.

(*b*) Cicatrisation of the intestinal orifice. This

is essential to any cure, for if any fluid makes its way to the surface this would keep the fistula open.

(*c*) The cicatrisation of the sinus now disconnected from the intestine.

(*d*) Finally, after the sinus has healed up the cicatrisation of the cutaneous orifice will follow.

We hasten to add that in complex cases nature is rarely able to bring the patient safely through these various stages to complete recovery (the short-circuiting operation being of course presupposed); local treatment is generally required by way of curetting, or opening up of the sinuses, etc.

Moreover, if the lesions are not simply due to inflammation, but are of a specific character (tuberculosis, actinomycosis), no cure can be brought about till these lesions have rid themselves of their specific character. How intractible these lesions often are to all treatment is common knowledge. Consequently a spontaneous cure of such a case is practically impossible, and no cicatrisation can occur without repeated treatment (curetting, cauterisation, etc.) and a series of careful dressings. Thus the cure will of necessity be protracted for a considerable time.

These stages of healing do not succeed one another in the course of a few days; it is a matter of weeks, and sometimes even of months, while at times they continue for years. And here we shall

be more precise if we submit statistics from published works on the treatment of pyo-stercoral fistulæ or intestinal tuberculosis.

Let us turn for instance to the clinical studies of Lance on the operation of short-circuiting the intestine.[1] Here are recorded a considerable number of pyo-stercoral fistulæ cases treated by means of unilateral or bilateral exclusion. We quote a few cases showing the length of time the fistula persisted:

Chaput.—Operation on January 15th: Fistula cured June 15th.

Payr.—Operation on October 31st: Cure, January 30th.

Mouchet.—Operation on October 1st: Not completely cured by January 7th.

Kammerer.—Operation on December 17th: Fistula still maintained on August 10th following.

Ammer.—Fistula still continues after a lapse of three months.

Ewald.—Fistula still continues after a lapse of ten months.

These were cases of simple pyo-stercoral fistulæ only. With pyo-stercoral fistulæ due to tuberculosis, the outlook is far worse.

[1] M. Lance, "Etude clinique sur l'exclusion de l'intestin," Paris thesis, 1902-3.

The authors Delore and Patel [1] submit also cases that came under their own observation:

(*a*) Operation on August 1st. Death on August 29th, fistula remaining.

(*b*) Operation on November 20th. On January 10th, fistula nearly ceased suppurating.

These cases were relatively mild; but it is not so with all. We append five taken from Roskochny.[2]

Case 3 (page 441).—March 1st, exclusion operation; fistulæ still present on August 6th.

Case 9 (page 452).—Exclusion on February 27th, 1899; fistulæ still discharged pus on February 2nd, 1901.

Case 11 (page 455).—Exclusion on April 29th: fistula closed within a fortnight, but there was still considerable secretion in the sectioned portion of the intestine on July 12th.

Case 12 (page 456).—Exclusion on November 10th, 1899. One fistula was still open on May 1st, 1900, nor had it closed by February 10th, 1901.

Case 14 (page 461).—Exclusion operation on October 14th: fistulæ still secreted pus on the following February 4th.

1 "De L'Exclusion Unilatérale dans les Fistules Rebelles de l'Intestin," *Revue de chirurgie*, 1901. t. xxiii., pp. 305-319.

2 "Zur Casuistik der Darmausschaltungen," *Deutsche Zeitschrift fur Chirurgie*, 1902. Vol. lix., pp. 406, 487.

It is easy from such evidence to realise how long a time these fistulæ persist even under appropriate treatment; and it should further be noted that in none of the above cases was the state of the disease so serious as in that of Marie Borrel.

Summing up this section, we may say that the cure of the pyo-stercoral fistulæ affecting Marie Borrel could not by any means have been brought about in the space of a few hours. If we concede what is, surgically, practically an impossibility, viz., that the cure might have been effected by simple medical treatment and with no accompanying operation, no little time was required—at the very least three to six months; while with the help of the operation, one to three months would still have been necessary.

Furthermore, we have so far dealt with the case as if Marie Borrel had been a sufferer from pyo-stercoral fistulæ only. It should not be forgotten that her case presented several complications in the region of the spine and kidneys (pyelonephritis) which were also cured with an extraordinary rapidity, a thing almost unknown in such diseases.

(5) There can have been no malingering in Marie Borrel's case.

There remains a last objection which we feel calls for refutation; it is the well-worn objection on the score of hysteria and neurosis. Our task is at

present a light one, since modern views on hysteria have gone through no little change of late. It is common knowledge that hysteria, as conceived by Dr Charcot, has seen its day, and that all the so-called hysteric disorders as œdema, slough, gangrene, etc., are but vulgar frauds which deceived the Salpétrière Professor among the very first. It would therefore be idle to inquire whether Marie Borrel suffered from hysteria or nervous debility, according to the old-style formula, although some symptoms might lead one to think so. (Thus, at the time of falling sick, she had been through a serious and prolonged moral crisis. There were besides general symptoms such as frequent spasms of the œsophagus, and occasional abstention from all nourishment, sometimes for the length of a fortnight. She had become a morphomaniac, and her temperament had been saddened and soured.) To some, these points may suffice to have her classed as an hysterical character. Such, however, is not the point at issue, but rather: Can malingering have counted for something in the case of Marie Borrel?

There is need for a distinction here. Considering the resourcefulness of people, we would not care to assert positively that Marie Borrel could not have produced the fistulæ herself. But we must add that there is very little likelihood of this. In the first place one does not quite see how she could

have set about the matter; and while the disease went through its various stages the patient was under the observation of medical men and the hospital attendants and other nurses, who could hardly have overlooked such an imposture.

Could Marie Borrel by malingering have fostered or prolonged the disease? Without doubt she could, though the probability is just as slight again.

But even admitting what is by no means established—that Marie Borrel had deceitfully caused her disease or kept it active, this would not encroach upon the miracle in any way, for the latter consists in the almost instantaneous cure of these lesions and fraud would have no effect. Once the lesions had been formed, no amount of fraud could minister to their cure, and Marie Borrel, even if she had been an impostor, would have been as incapable of healing up her fistulæ as the well-known impostor of Dieulafoy was of cicatrising on the spot the sloughs he developed on his person by means of potash.

Briefly then, if we can concede that simulation may possibly have aided the production or continuance of the disease, though to our mind there is not the least likelihood of this, the cure still remains a thing distinct in itself. I do not believe that Charcot himself would have attributed to faith-healing a cure such as this. He might have

refused to credit the cure, but I hardly think he would have offered this explanation.

II

Marie Borrel was cured of her disorder all but instantaneously.

(1) Marie Borrel was seriously ill when she reached Lourdes. All the evidence concurs as to the seriousness of her general health and the disorganisation of various functions.

Nevertheless, far greater interest for us attaches to the state of the lesions, since the manner of their cure is particularly remarkable. In respect of these she came to Lourdes the bearer of a certificate from her doctor, dated July 8th, 1907, stating that she had been "afflicted some three years with several pyo-stercoral fistulæ in the right side of the abdomen. With anchylosis of the lumbar spine which prevents the patient from bending, standing, or walking." There were, moreover, undeniable symptoms of pyelonephritis.

The patient continued under the treatment of Dr Bardol, and being still in the same condition on August 15th, the day she set out for Lourdes, there was no cause for modifying the July certificate. On August 17th, the presence of the pyo-stercoral fistulæ was clearly proved by

Mademoiselle Arnaud. Finally, on the morning of August 21st, pus and fæcal matter came away with the dressing even then, though in lesser quantities, as witnessed to by Mademoiselle de Pistoris.

Then again the urine was still found scanty, turbid and "reddish" on August 20th, and for passing urine recourse had to be made to catheterisation.

It cannot therefore be held that the Lourdes' cure was but the conclusion of a recovery already far advanced.

(2) Marie Borrel was cured when she left Lourdes. This is the verdict supplied by the above-mentioned medical men who examined the patient at Lourdes, and of the pilgrims who travelled with her to Montpellier. We shall presently examine into the manner of the cure and its degree of thoroughness.

We should add here that this cure was of a definite and lasting character. Three years later, August 22nd, 1910, Dr Sablé re-examined the patient and stated: "The cure has continued in its entirety, both as to local and general soundness of health."

(3) With reference to the character of the cure, Marie Borrel's recovery was not strictly speaking instantaneous, but yet extremely swift (twenty-four

hours, and even less). The cure was effected in two stages.

On August 21st the fistulæ were cured. Whereas the six fistulæ were still suppurating in the morning, at night the four pyo-stercoral fistulæ were completely cured, and the two others had closed.

On August 22nd an examination at the Medical Bureau revealed the fact that the pyo-stercoral fistulæ were completely closed and the orifices scarred over, while as for the two purulent fistulæ, their channels were quite healed, since nothing appeared of them and no pus came away under pressure, the skin at the orifice alone being still imperfect (complete healing was only attained later at Mende under the eyes of Dr Bardol).

Thus during the course of August 21st the fistulæ were quite cured, and if it be objected that the two purulent fistulæ had left their mark in the defective skin formation, I must lay stress on the curious fact that the fistulæ which healed with this extraordinary rapidity were precisely the ones more difficult to cure, compared with which the parts still unhealed were but trifling.

On August 22nd the other disorders disappeared in their turn. The rigidity of the vertebræ disappeared, and flexibility returned; a two-fold restoration that took place instantaneously at the moment the patient was about to be immersed in

the well. (It should be noted that this was not the first immersion.)

Forthwith the body resumed its normal functions, and the urine became clear and was passed naturally.

As to the general health, both sleep and appetite returned; there was in fact every sign of a thorough restoration to health.

Thus within twenty-four hours the patient, whose state was critical both as to general health and as to the local disease, was transformed into a healthy young woman in the freshness and fullness of life.

Apart from the imperfect skin formation of the two last fistulæ—surely a trifling matter—the cure may be styled complete. Nay more, it was even more thorough-going than a natural cure could have been, for it is common knowledge that after the cure of a fistula that has been suppurating for a length of time, there remains an induration of the tissues, a fibrous scar, which lasts some considerable time. In our case, however, as early as the day of the cure, the iliac fossa that had been riddled by the fistulæ even yesterday, was as supple as the flank and lumbar region.

Again in cases of this description a certain hernia of the cicatrix is often found to develop. Of this there was nothing in the present case. The cicatrices had here a firm fibrous consistency;

coughing caused no bulging, while three years later Dr Sablé was able to satisfy himself that no hernia had occurred.

Briefly, then, we have in the case of Marie Borrel a cure effected within twenty-four hours, a cure that is a complete one, not only in the eyes of the general public, who can only judge from externals, but also for the medical man with his deeper insight. In certain respects as well this cure is as complete and thorough as if it were of several months' duration.

(4) The nature of the evidence in favour of the cure.

We will here take no account of the accessory lesions, confining ourselves to the fistulæ, easy of observation for all. A lesion of the sort here under consideration is easy of appreciation by any chance observer. The evidence of persons unconnected with the medical profession cannot be denied when they vouch for such facts. Thus we can accept as correct in this respect the evidence of Mademoiselle Arnaud and Mademoiselle de Pistoris, particularly the former's detailed account of August 17th. We can safely agree with her that till the early hours of the 21st the lesions of Marie Borrel actively persisted. This falls in very well with Dr Bardol's remarks in the certificate he had supplied shortly before.

Touching the cure itself, we have happily first-

hand evidence from a number of medical men (Drs Boissarie, Cox, Desplats, Sablé, etc.) whose testimony cannot in good faith be called in question, for the closing of a fistula freely suppurating on the previous day and the cicatrisation of its orifice are matters a child could give evidence for, nor is there room for any misinterpretation such as might attend, for example, the stethoscopic examination of heart and lungs.

The incredulous will doubtless object that the state of the patient before and after the cure was not registered by academies, or by learned faculties and societies, etc. This we think was hardly called for, considering how well known was the disease and how patent on the very face of it; there being, besides, the accompanying guarantee, which cannot but satisfy the fair minded. Still, the fact remains that even if all the academies in the world had duly followed up and registered the case, it would not any the more find favour with those who reject the miraculous on principle.

III

This cure was apparently spontaneous, the case not being under treatment, or at least only under treatment incapable of effecting a cure in a natural manner.

Reaching Lourdes on August 17th, Marie Borrel was nursed as she had been at Mende; that is, the

dressings were renewed about the suppurating fistulæ; catheterisation was performed as the patient could not otherwise pass urine; and the injections of morphia she had been accustomed to were continued.

No recourse was had, however, to treatment by radiant heat, electricity, X-rays or radium, means by which a cure might have been brought about.

The only treatment she underwent was the application of Lourdes water on the dressing and in the piscina. On the morning of August 21st the fistulæ were washed for the first time with Lourdes water, and that evening they had cicatrised. On the 22nd, the patient was immersed in the piscina, when no sooner had her feet touched the water than she felt herself cured.

As no one holds the view that cold water is able to close up fistulæ instantaneously, or very nearly so, we must needs admit that in this case the cure was effected without recourse to any kind of therapeutics.

It might be argued, it is true, that this cure defies explanation in the present state of medical science, but that some day the means of utilising certain forces still incompletely appreciated may be found, by means of which wounds will be cicatrised on the spot. However unlikely, let us suppose this granted. The data of our present problem still retain their full significance, since the cure was

brought about without recourse to any of these would-be natural agencies still to be revealed—for the application of cold water cannot be considered to constitute a treatment.

IV

Conclusion.

Our examination has reached its close. We need do no more than briefly summarise the above account, and all the evidence yields one conclusion only.

Firstly, Marie Borrel was beyond a doubt suffering from a serious disorder (a series of pyo-stercoral fistulæ) the cure of which was practically impossible by simple medical means. An operation would have made the cure less unlikely, but even then very protracted and careful treatment would have been necessary.

Secondly, Marie Borrel was incontestibly cured both thoroughly and permanently within less than twenty-four hours, i.e., with a rapidity that was extraordinary. The perfection of the cure went so far indeed that in some respects the healed parts had the appearance of lesions cured long before.

Thirdly, it is no less certain that this cure was brought about independently of any natural therapeutic agency, either physical or psychical.

Consequently, this recovery from a disease that is only curable with difficulty, was effected, both by reason of its *mode* (rapidity and perfection) and in its *cause* (no active therapeutic agency) in a manner contrary to the laws of nature. But the distinguishing mark of a miracle is precisely that it be effected outside the laws of nature, *præter ordinem communiter servatum in rebus.* It is consequently our deep and studied conviction that the cure of Marie Borrel must be considered a supernatural and miraculous occurrence, which can only have been effected by the intervention of a power supernatural and divine.

CHAPTER IX

ARMANDINE ROUX

On August 20th, 1909, Armandine Roux was suddenly cured of a gastric ulcer.

The diagnosis of a disease of this type cannot be certain unless the symptoms are quite definite. The first medical certificate is short, and as follows:

"Paris, *August 20th*, 1909.

"I, the undersigned medical practitioner, certify that Mademoiselle Roux is suffering from gastric ulcer, which has already caused hæmorrhage several times.

"Docteur Deschamps.

"79 Boulevard du Temple."

The diagnosis is stated in definite terms, but it is only in a later certificate that details supporting the diagnosis are forthcoming.

"*November 23rd*, 1909.

"I, the undersigned medical practitioner, certify that I have examined Mademoiselle Armandine Roux a month after her return from Lourdes.

I was absolutely amazed to find her cured, since before the journey her case was typical.

"There was keen persistent pain in the stomach, which increased under pressure and when food was taken. Intense pain and vomiting followed the ingestion of food. There was also vomiting of blood. The disease was of long standing and the patient had become considerably emaciated.

"All these symptoms were characteristic of gastric ulcer.

"DOCTEUR H. DESCHAMPS."

We have here evidence of the three main symptoms of gastric ulcer: *acute pain in the epigastrium, the vomiting of food and the vomiting of blood.*

The medical dossier comprised also a few prescriptions, and little medical knowledge is needed to satisfy one that the treatment adopted quite corresponded with the diagnosis. The more especial aim of the prescriptions was to counteract the gastralgia, the extension of the ulcer, and the evils attending the frequent hæmorrhage.

The cure of gastric ulcer is no exceptional occurrence, for recovery is the normal result of correct treatment. Nevertheless, it calls for time and patience and careful nursing. Every medical man must have witnessed the cure of gastric ulcer in the course of his professional practice.

I can recall a particularly curious case, that of a patient completely cured more than fifteen years ago.

In December, 1892, she was first seized with excruciating pain in the epigastric region. The pain was most acute at the xiphi-sternum; and it was here so acute that palpation caused intense suffering. The patient's hand was always moving to the seat of the pain, and her complaint was that she felt as if pierced through and through by a large knife.

After eight days complete rest in bed, the diet being limited to spoonfuls of iced milk and treatment with bicarbonate of soda, this painful condition was quite relieved; substantial nourishment, however, could only be resumed, with some caution, six weeks later.

About the month of May, 1893, the patient was fairly restored to health, but in August a very serious relapse occurred. The gastric pains set in again, but were now attended by melæna (dark hæmorrhage in the stools) and hæmatemesis (vomiting of blood); the stomach could retain nothing for a moment beyond iced milk. In this case it took more than a fortnight to ease the pain and no less than three months before normal nutrition could be resumed.

At the close of 1894, after a quiet interval of eight months, only interrupted by minor attacks

which were cured by bicarbonate of soda, an acute stage of the disease was reached with profuse hæmorrhage, grave anæmia and pains so severe that the invalid could not even take iced milk. She could only be fed by nutrient enemata; by way of the mouth she could only suck a little ice; in the epigastric region could be felt a large patch of plastic peritonitis. The patient was on the point of death, and fully five months were required for complete convalescence. This time, however, the cure was a definite one, and for the last seventeen years the patient has not experienced the least trace of gastric trouble.

The seriousness of this disease is mainly due to the fact that the stomach, by digesting itself, increases the size of the ulcer, both in depth and surface area. A point may be reached when perforation occurs, causing peritonitis of a most dangerous description.

Treatment consists in keeping the patient motionless in bed, and neutralising the hyper-acidity of the gastric juice and consequently its corrosive activity by the means employed by Dr Deschamps, i.e., large doses of bismuth and bicarbonate of soda.

Under these circumstances cicatrisation may occur in a week or ten days, but it can scarcely be healed before the lapse of a month. The tissues of the scar are so delicate that ulceration may recur

at any moment, as is exemplified in the case above-mentioned.

In the "Nouvelle Pratique Médico-chirurgicale," in the article "Ulcère de l'estomac," Monsieur Bauer states:

"The disease may extend in time over months and years; on the average it lasts two years, with alternations of intensity, often being cured when the treatment has been skilful. But as *the ulcer sometimes develops by stages*, with long intervals of improvement, one may be led to believe too lightly in a rapid cure. Furthermore, *relapses* are not of uncommon occurrence."

As a consequence, there is no instance of a sudden radical cure of gastric ulcer, nor could there be, since the cicatrisation requires its own definite time for completion.

When brought to Lourdes, Armandine Roux was in a dying condition. She was cured under circumstances truly extraordinary, recorded as follows by Dr Robert van der Elst:

"Mademoiselle Roux, on being immersed in the Lourdes piscina, cried out once and again: 'What pains I am in!' and immediately all suffering, vomiting, and feelings of nausea disappeared, never to return. In the evening the patient made a substantial meal, including meat and vegetables, with no discomfort after weeks and months of fasting and abstinence. Between the time of the

cure and the present date (November 24th, 1910), Mademoiselle Roux has gained nearly two stone ten pounds (in fifteen months)."

Undoubtedly this cure does not fall into line with our own medical experiences. From what has been said above, it follows that the *instantaneous* cure of gastric ulcer is not possible, either from an anatomical or physiological point of view. Such a cure, however, was effected in the case of Armandine Roux.

Moreover, the cure was a definite one, as is shown by the fact that for the last two and a half years no symptoms of gastric disorder have returned.

CHAPTER X

BLANCHE PALLIÈRE AND JEANNE FURLANELLI

THESE two persons, like Armandine Roux, have been cured of gastric ulcer; these cases were so definite that the diagnosis is not open to question.

The former, Blanche Pallière, had a certificate from Dr Deroche.

"I, the undersigned medical practitioner, certify that in December, 1908, I treated Mademoiselle Blanche Pallière, a maid of one of my patients, for gastric hæmorrhage. I certify having noted one morning that about a pint of blood had recently been vomited and about the same amount passed by way of the anus. With such a hæmorrhage, gastric ulcer was the most probable diagnosis. The patient had been suffering from gastric disorders for five years. In view of this serious pathological condition, I felt bound to send Mademoiselle Blanche Pallière to the Beaujon Hospital, fearing the necessity of an operation. She spent four months at the hospital, under treatment with bismuth; on leaving, there was some improvement, but the patient was unable to work.

"At the present time Mademoiselle Blanche Pallière is very anæmic, gastric troubles are constantly present, and she suffers from shortness of breath at the least exertion. There are occasional eructations, she tells me, which leave a taste of blood in the mouth.

"DOCTEUR DEROCHE.

"67 RUE DE ROME, PARIS.

"*July 6th*, 1909."

The illness was particularly serious, owing to the degree of hæmorrhage, as shown by the *hæmatemesis* and *melæna*—technical terms these, which call for explanation to readers unfamiliar with medical terminology.

The description of the case of Armandine Roux teaches us something of the disease known as gastric ulcer. The ulcer in this part of the digestive system appears as a punched-out depression which eats its way from within outwards. Each day adds to the extent of the ulcer as the gastric juice digests the stomach wall itself. In its progress the ulcer erodes many vessels; when it severs a large artery hæmorrhage occurs. The blood accumulates in the stomach, whence it may find two channels of escape: by way of the mouth, whither it is impelled through the œsophagus by the efforts of the patient to vomit; or by way of the anus, which it reaches after the lapse of some hours, after passing the

orifice of the pylorus and through the whole length of the intestines.

The blood vomited is a bright red because it is ejected almost immediately after leaving the blood-vessel and the gastric juice has had no time to act upon it; this is what is understood by hæmatemesis.

The blood passed in the stools has been acted upon by the digestive juices during its slow course through the intestines; it is black and its evacuation constitutes *melæna*. Nevertheless, hæmatemesis and melæna are but two signs of one and the same thing, hæmorrhage into the stomach.

Hæmatemesis is symptomatic of the ulceration, when the blood is bright red. This symptom only occurs exceptionally in cases of cancer. A typical case was observed by Debove in 1888; but it remains a rarity.

There are, however, other clinical signs which enable one to differentiate it from cancer or any other disease responsible for hæmatemesis.

This flow of blood may be considerable; and this was the case with Blanche Pallière, since, according to the certificate, the patient lost about one and three-quarter pints of blood in one morning by way of mouth and anus. Such hæmorrhage may cause death on the spot from syncope; this is how the soldier succumbs on the battle-field when the femoral artery has been severed by a shot or cold steel. If the patient does not die, she remains a

victim to acute anæmia, as was the case with Blanche Pallière, the shortness of breath indicating the respiratory insufficiency of the blood corpuscles.

The violent pain, which was the great feature in Armandine Roux's case, takes a secondary place here, owing to the profusion of the hæmorrhage. The very state of shock and collapse benumbs sensibility—a point presently to be discussed when we have considered the second certificate of Dr Deroche.

"I, the undersigned medical practitioner, certify that in December, 1908, I treated Mademoiselle Blanche Pallière, the maid of one of my patients. She was suffering from gastric ulcer (vomiting of blood, melæna, syncope, etc.), and I felt bound to obtain her admission to the Beaujon Hospital, in view of the gravity of her case. I certify that at the present time (November, 1909) I can class her as cured, there being no symptom of the gastric disorder left; she is merely anæmic and suffers from œdema in the right leg, where she has had phlebitis.

"DR DEROCHE.

"PARIS, *November 9th*, 1909."

The terms of this certificate are precise; however, it may be objected that it was drawn up too late to establish that Blanche Pallière was cured at Lourdes. For this reason I append a summary of

the notes taken down by a doctor at Lourdes itself at the time of the cure:

In the last days of November, 1908, Blanche Pallière had definite symptoms of gastric ulcer, there being paroxysmal pain of an acute character and vomiting of food. Pain was especially great after nourishment had been taken, a symptom that had reappeared while the patient was at Beaujon; when she reached Lourdes the paroxysms of pain and the gastric irritability were such that even milk could not be retained.

On August 22nd, 1909, upon her third immersion in the piscina, the pain ceased *instantaneously*; Blanche Pallière felt an indescribable sense of ease, asked for food and ate some soup, some bread and an egg without any difficulty.

At the present time she is in service again, is never in any pain, can eat heartily of all manner of food, and can work as much as she chooses.

. . . . . .

Jeanne Furlanelli was likewise cured of gastric ulcer in the bath. The details we have given about Armandine Roux and Blanche Pallière will make the two following certificates easily understood. The certificate given before the Lourdes journey reads as follows:

"I, the undersigned medical practitioner, of the Paris Faculty, certify that Mademoiselle Jeanne Furlanelli, aged twenty-four, and resident at this

time in Neuilly-sur-Seine with the Missionary Sisters of the Sacred Heart, 149 rue Perronet, was operated upon in 1906 at Trent, and again in 1907 at Paris by Monsieur Mauclaire, hospital surgeon, for gastric ulcer, and that she is in as much pain to-day as before her operations and can take food only with great difficulty.

" (*Signed*) DOCTEUR LEFRANC.

" 17 RUE DE L'HOTEL-DE-VILLE,
" NEUILLY-SUR-SEINE.
" *July 7th*, 1908."

Now let us see the certificate drawn up on November 25th, 1909.

" I, the undersigned medical practitioner, C. M. Lefranc, certify that Mademoiselle Jeanne Furlanelli, aged twenty-six, sempstress, residing at 7 rue Louvois, Paris, who joined the National Pilgrimage to Lourdes on August 19th, 1909, suffering from a very serious gastric affection which had kept her in bed for four months and had made two surgical operations necessary, came back cured and has been in good health ever since.

" DOCTEUR LEFRANC.

" 17 RUE DE L'HOTEL-DE-VILLE,
" NEUILLY-SUR-SEINE.
" *November 25th*, 1909."

These three cases are the more convincing in that the cures were effected suddenly, and in no single instance has there been any symptom afterwards.

The instantaneous character of these cures is of itself worthy of note, for we possess no means of curing gastric ulcer instantaneously.

It cannot be said that the cases may have been but painful examples of simple gastritis, for the hæmatemesis leaves no shadow of a doubt as to the nature of the disease.

CHAPTER XI

RAYMONDE BUFFENOIR

THE case of this young lady ranks among those which medical opinion cannot recognise as being cured.

Raymonde Buffenoir had been paralysed for fifteen years when she came to Lourdes on August 19th, 1911, dragging herself about on crutches. She was immersed in the piscina, whereupon she felt some straining and twitching in her back and leg; when carried to be present at the procession of the Blessed Sacrament she rose to her feet, took a few steps without her crutches, and made her way to the Medical Bureau.

The crowd of pilgrims cried "A miracle! A miracle!" but for all that the patient is not cured, since unmistakable signs of the former disease still exist, five months after the supposed cure.

Raymonde Buffenoir is afflicted with infantile paralysis, as stated by Dr Lefebvre in his medical certificate:

"I, the undersigned M.D., Physician on the

staff of the Villepinte Hospital, certify that Mademoiselle Raymonde Buffenoir is suffering from the sequelæ of infantile paralysis and club-foot (with a shortening of approximately four inches).

"(*Signed*) Dr Lefebvre."

As matters stand, this certificate was not wholly necessary, for a mere examination of the young lady was and is still sufficient to reveal clear signs of infantile paralysis.

In this infectious disease, the pathogenic micro-organisms attack the anterior part of the spinal cord, giving rise to lesions more particularly in the anterior horns of the grey matter. By reason of its anatomical distribution it goes by the name of *anterior polio-myelitis*. Motion is suspended, or rather destroyed, in the muscles whose movements are under the control of the motor cells affected. These muscles atrophy, become more or less powerless, and there is also a notable fall in the temperature of the corresponding area. The patients become permanently crippled.

Dr Sablé has reported on the history of Raymonde Buffenoir's disease with much detail:

"She was eighteen months old when attacked by the disease, with its usual course of events: fever, vomiting, and convulsions. The constitutional symptoms soon ceased; the right leg, however, remained paralysed. The muscles atrophied

and the limb, unable to develop, remained smaller than the other, each year the difference becoming more pronounced. There was another complication: owing to the paralysis the foot became deformed, assuming a quite characteristic position, that of talipes equino-varus, i.e., club-foot.

"In consequence of the paralysis, the muscular atrophy, the four-inch shortening of the leg, and paralysed club-foot, it was impossible for the patient to walk normally, and Mademoiselle Buffenoir slowly learned to drag herself about with the help of crutches.

"At twelve she was put in charge of Dr Rieffel; by treating the club-foot it was hoped to diminish the trouble. A surgical operation was performed (probably the partial resection of the bones of the tarsus), the foot was straightened and set in a plaster splint. For two years she was treated at the hospital (apparatus, massage and re-education).

"A slight improvement resulted, and the patient was able to take a few steps without her crutches. However, she speedily grew tired and the improvement proved to be but a passing one. Mademoiselle Buffenoir soon returned to her crutches and was not able to discard them before her cure at Lourdes."

It was at this time that she seems to have recovered the use of the paralysed limb at Lourdes; but it cannot be said that she was cured, and it was

prudent of Dr Sablé to conclude with the words: "This is but a second-class cure."

A careful and protracted examination of the young lady convinced me that her infantile paralysis still persists.

She has a limp, the left leg is plainly two and one-third inches shorter than the right, and the foot continually drops.

The muscular atrophy still exists; the whole of the left limb is evidently more slender and smaller than the right. On being grasped the paralysed leg is no longer flail-like, I admit; but the foot is far from having resumed its normal position. When the toes are raised, the foot always drops again downwards and inwards and the heel is raised; when walking bare-foot, the young lady limps and cannot perfectly control her movements; there is still the talipes equino-varus or club-foot. The deformity and lameness are such that Raymonde Buffenoir has to wear a surgical boot.

Nor was there need for me to examine the electric reaction of the muscles to ascertain that the infantile paralysis has not been cured. Apart from the muscular atrophy, there is a highly significant morbid symptom: *loss of vital heat.* On grasping the affected limb, one experiences a definite sensation of cold, which is the more striking on comparison with the healthy limb. This continuous low temperature is so important a sign that I

have no hesitation in affirming quite definitely that *Raymonde Buffenoir has not been cured.*

True, she has been enabled to walk without crutches and her condition may have improved; but there is no manner of doubt that there is still a spinal lesion, and nothing can authorise a doctor to admit this cure as long as the signs of infantile paralysis have not disappeared.

CHAPTER XII

PIERRE DE RUDDER

THE cure of Pierre de Rudder has furnished matter for a series of publications; it has found a place in the books of Dr Boissarie, of Canon Bertrin, etc. Still the case remains so unique that it will not be useless to record it in these pages. There is also precise documentary evidence in a little work[1] published by Father Alfred Deschamps, S.J., who is a Doctor both of Medicine and Science. The cure takes us back to April 7th, 1875; and a peculiar interest attaches to it, in that twenty-three years later, on May 24th, 1898, Rudder died of pneumonia and medical men were enabled to examine at leisure the bones that had been healed, and thus became possessed of highly significant evidence in support of the cure.

Pierre de Rudder, a farm labourer employed by Senator Albéric du Bus de Ghisignies, was a resident of Jabbeke, a small village in West Flanders. He was forty-four years of age when he fractured his leg—an accident that was to cripple

[1] "Un Miracle Contemporain" (Bloud et Cie.) 1905.

him for no less than eight years. It occurred on February 16th, 1867, when two young wood-cutters had felled a tree, which accidentally fell into a field of crops. They were endeavouring to remove it when De Rudder observed how handicapped they were, and volunteered to help them. He had set about cutting away a bush which hindered the raising of the tree, when the latter, after being laboriously raised on levers by the young wood-cutters, suddenly fell again, throwing De Rudder to the ground, with his leg fast beneath the trunk. Such an accident caused direct fracture of the limb; and such was the diagnosis of Dr Affenaer of Oudenburg. He reduced the fractured tibia and fibula, maintaining them in position with a starch bandage.

After some little time the patient complained of extremely violent pain, and Dr Affenaer resolved to remove the casing. A large ulceration was found to cover the back of the foot; in the upper part of the leg a deep ulcer had eaten into the tissues, spreading to the bone and forming a gangrenous excavation, at the bottom of which could be seen bone fragments bathed in pus. The fracture was a compound one.

The bones, deprived of their periosteum, had not come into good position or united; in addition, a fragment of dead bone protruded through the open wound and had to be cut away.

In our own day it may be a source of astonishment that nothing had been done to check the course of the disease. In the surgical wards of our hospitals can daily be witnessed the treatment of compound fractures by means of fixation and antiseptic or aseptic dressings. It should not be overlooked, however, that the accident occurred in 1867, at a time when little or nothing was known of bacteriology and infection, and when the cotton-wool dressing of Alphonse Guérin (one of the first attempts to save wounds from suppuration) had not as yet been invented—coming only during the war of 1870.

The luckless De Rudder was consequently in the same situation as most of his contemporaries afflicted with compound fracture. The gaping wound grew daily more seriously infected, the osseous fragments, one-eighth of an inch apart, with no periosteum and bathed in pus, had not been able to unite, and one might well assert that they would not. Surgically there remained a last resource: amputation through the thigh. This was suggested by Professor Thiriart of Brussels, but De Rudder was energetic in his refusal. And, indeed, what would the amputation have led to, at a time when operations on the lower limbs were so often followed by the death of the patient?

The poor cripple had to cleanse this suppurating wound and change the bandages two or three times

a day, supporting himself the while on the modest pension of eight francs per week, paid him by the Vicomte de Bus.

In the spring of 1874, Pierre was seated at his cottage doorstep when Dr van Hoestenberghe of Stalhill chanced to pass by. Pierre requested the latter to examine him. I insert here verbatim the account given of this visit by Dr Deschamps, S.J.

"Pierre was very pale; his emaciation was extreme; his countenance expressed great weariness and discouragement. He unfastened the bandages about the left leg and Dr van Hoestenberghe noted the presence of an oblong wound, with its long axis vertical at the level of the upper third of the tibia. From this opening pus issued, brown in colour and very fetid. With a wet cloth, he gave the wound a summary cleaning. He then placed his left hand under the knee, and taking the lower part of the leg in his right hand, he bent it backwards. Thereupon the upper and lower fragments of the tibia and fibula became visible in the wound. All the bone surface that could be seen was stripped of periosteum; and the surfaces of the fracture were sharp and irregular. Then grasping with one hand the upper leg and taking the heel in the other, the doctor was able with the greatest ease to turn the heel straight forward, even beyond a semicircle, the degree of torsion being solely limited by the resistance of the soft parts. At the

back of the foot another wound could be seen, which also discharged some purulent fluid."

Dr Verriest of Bruges made the same observations some days later and sought vainly to alleviate De Rudder's condition.

In the month of April, 1875, the invalid resolved to go to the shrine of Oostacker-lez-Gand, dedicated to Our Lady of Lourdes. Between the 2nd and 6th of April, four witnesses in succession satisfied themselves that the leg could be bent in every direction at the site of fracture, and was suppurating freely.

Furthermore, a number of persons saw him while on pilgrimage; and when he took the omnibus at Gand to reach Oostacker, the driver cried out with an attempt at witticism: "Why, somebody's losing his leg over there!"

The fracture had thus been amply testified to by numerous witnesses, both medical and lay men; and the complications had been noted in detail: Pierre de Rudder was a poor cripple.

It was in this lamentable condition that he laboriously made his way to the shrine of Our Lady of Lourdes. The pilgrims, he found, were accustomed to go three times round the grotto, and he determined to follow them at any cost. While he was on the third round, he was seized with deep emotion; all at once he dropped his crutches, walked by himself and went to kneel before Our

Lady's statue. He had been suddenly and radically cured.

In "Les Guérisons de Lourdes" of Dr Boissarie, there is a passage that reads as follows: "The leg and the foot, which a few moments before were very swollen, had become normal; the plaster and bandages had fallen off of themselves, the two wounds had cicatrised and the fractured bones had suddenly united."

All the witnesses who had seen Pierre de Rudder before and during his journey to Oostacker-lez-Gand were able to satisfy themselves that he was radically cured. On April 8th, Dr Affenaer desired to see and examine him; after subjecting him to a thorough examination, he said to the happy man: "Pierre, you are perfectly healed. Your leg has consolidated very effectively. No human means could avail to make you walk again; but where doctors fail, Mary is powerful. Seeing such a prodigy, unbeliever though I was, I feel faith grow upon me."[1]

On April 9th, Dr van Hoestenberghe determined to go and see De Rudder. He found him busy gardening, and the cripple of yesterday began jumping about before him to show how thorough was his cure.

He examined the leg and noted in conclusion:

[1] See the account of Scheerlinck. (Hippolyte Lucas).

"*No shortening—a scar below the knee—another larger one at the level of the foot.*"

The cure had undoubtedly been effected and the conditions were such as science is unable to explain, since the consolidation of the bones over an inch apart came about in the space of some minutes, whereas for more than eight years, in spite of all medical treatment, the fracture had become compound, while there was considerable suppuration and necrosis of the bones.

De Rudder lived for twenty-three years after this extraordinary cure, applying himself daily to very heavy work. He died of pneumonia on March 22nd, 1898 (aged 75-6).

Fourteen months after his decease, (May 24th, 1899) Dr van Hoestenberghe had the body of the *miraculé* exhumed, amputated the legs and examined them in conjunction with Drs Deschamps and Royer. The tibiæ were of precisely the same length, in spite of the fact that a fragment of necrosed bone had exfoliated from the left leg. The broken bones, after uniting by callus, had assumed the same contour as those of the healthy leg.

CHAPTER XIII

JOACHIME DEHAUT

THE cure of Joachime Dehaut dates back to September 13th, 1878; she was twenty-nine at the time and there has been no relapse subsequently. Every year she makes a pilgrimage to the Grotto of Massabieille, and has made more than forty-five of these pilgrimages of thanksgiving.

Dr Marique of Gesves, Belgium, has supplied very precise clinical details of the state of the patient at the time she left for Lourdes; and these are corroborated in a certificate of Dr Froidebise.

The right leg of Joachime Dehaut showed an extensive ulcer, twelve and a half inches long by six inches broad, extending to the bone and complicated with local sloughing. This ulcer was of twelve years' duration, and the muscles had been in part destroyed, and the cellular tissue could be removed in a sloughing condition. The bone itself necrosed, and while dressing the wound, the patient always found that some fragments of bone came away. In a few minutes the copious and fetid pus soaked through the lint, that was renewed twice

in the twenty-four hours. The foot, lacking all support, was inverted, the knee was anchylosed in flexion and the whole limb could be represented by the figure 4.

Added to this, Joachime Dehaut was an object of repulsion for all who came near her; for the odour from the wound infected and made foul the apartment she occupied. On her way to Lourdes, the other passengers would draw away, and she would catch some remark as: "The relations of that person must be very callous to let her travel to Lourdes in such a state!" Or again: "Such an infectious smell as this is enough to set cholera spreading all through the train!"

The medical certificates give no evidence concerning the circumstances which brought about this ulcer.

The canonical commission appointed by the Bishop of Namur to investigate this cure, has traced the disease through its various stages back to its origin, which synchronises with the patient's convalescence from a serious attack of typhoid fever, followed by a period of profound weakness.[1]

From the actual state of the disease, a retrospective diagnosis is quite legitimate in such terms as the following: It is probable that while convalescent after her typhoid fever, Joachime contracted phlebitis in the external saphenous vein;

[1] "Lourdes, Les Guérisons." Dr Boissarie.

as a result sloughing of tissues occurred, leading to the serious state of things testified to on September 12th, 1878.

Be this as it may, we have here to deal with an increasing loss of substance for twelve years. This could not be replaced and cicatrised at short notice. The patient dressed the wound herself twice a day, and as she was perfectly ignorant of the most elementary surgical precautions, every dressing must have infected the wound anew and increased the formation of pus. Under such circumstances, rapid cicatrisation could not be brought about.

On reaching Lourdes, she hastened to the grotto, and as no one ventured to bathe her, she asked to be placed sitting at the edge of the piscina. She herself dipped the leg in the water of the spring; but after it had been immersed for about thirty minutes the poor woman fainted, nor had the condition of the wound been altered. Without losing heart she returned to the piscina some hours later and bathed the limb another twenty-seven minutes. Pain of terrible acuteness followed, and this was succeeded by a great feeling of ease and the disappearance of all pain. The wound was cured completely, the skin had reformed and a perfect cicatrix had developed.

Mademoiselle Dorval, who had accompanied her to the piscina, the Rev. Abbé Devos, parish priest

of Haltinnes, who had cared for her from Namur to Lourdes, and the many pilgrims who had shrunk from her on the journey, all were able to verify the sudden and radical change.

Nor was it the suppuration alone that had ceased —the right leg had resumed its normal straightness and contour, and walking became once more possible.

When Joachime alighted at Gesves after the home journey, she wore boots on both feet and was able to walk about as well as other people. Dr Froidebise, who had seen her the day before she left for Lourdes, testified to her cure. Moreover, two Belgians, Dr Royer and Professor Simon Deploige, occupying the Chair of Civil Law in the Catholic University of Louvain, undertook a very thorough investigation of the case, which seemed definitely to prove the two following points:

"1*st point*.—The presence in the person of Mademoiselle Joachime Dehaut, at least till September 12th, 1878, at ten p.m., if not till the morning of the 13th, of an open wound covering nearly the whole of the right leg from the knee to the ankle, laying bare the muscles and covered with unhealthy granulations, which were in parts almost black and most repulsive to the sight; suppuration was free—the pus extremely foul. It showed no sign of any improvement, nor, according

to medical evidence, could such a wound be perfectly healed in thirteen days.

"*2nd point.*—The total disappearance of the wound and its replacement by a new growth of dry and healthy skin, dating from September 13th, 1878, in the forenoon, or at least, from nine or ten p.m.

"(*Signed*) S. DEPLOIGE.
DOCTEUR ROYER."

CHAPTER XIV

CATHERINE LAPEYRE AND CONSTANCE PIQUET

WHAT is there to be said of cancer? Can it be cured at Lourdes and thoroughly? The answer can be given in the affirmative, for Dr Boissarie (in the volume above quoted) records two such cures; that of Catherine Lapeyre, suffering from cancer of the tongue, and that of Constance Piquet, of cancer of the breast. These are cases of the most serious type, and practically always prove fatal without surgical treatment.

CATHERINE LAPEYRE was attacked by cancer of the tongue in 1887, the diagnosis being established in a certificate of Dr Boutet, dated June 13th, 1887. She was averse to undergoing an operation, as suggested to her, and joining the National Pilgrimage, she went to Lourdes. Her bathing in the piscina was in vain, and fruitlessly too did she bathe her tongue with the water from the spring of Massabieille.

In 1889 she was admitted to the public hospital at Toulouse and underwent her first operation, in the course of which a portion of the tongue was

removed. Three months later the tumour recurred locally, and a series of cancerous glands developed in the neck. The speech of the patient became unintelligible. She refused to submit to a second operation, left the hospital of her own accord, and requested to be admitted to take part a second time in the Lourdes National Pilgrimage.

She found all the seats booked, and being unable to set out, she resolved to make a novena and thus unite in prayer with the pilgrims; she also again bathed her tongue with Lourdes water.

"On the last day of the novena," writes Dr Boissarie, "she experienced a sudden change for the better; the cancer began to shrink and disappear. The glands of the neck were no longer swollen and she was able to eat and speak. She was perfectly freed from neuralgic pain, which had been particularly trying in the neighbourhood of the ear along the course of the nerves to the tongue. Within a few hours her disease, which appeared incurable and had recurred after operation, disappeared completely, leaving no trace beyond that of a neat cicatrix."

At the time of writing, nine years have passed and there has been no further recurrence, and if the cancer had not been completely destroyed, there can be no doubt that—considering how the growth was developing as early as 1889—Catherine Lapeyre should have died some years ago. As a matter of

fact, she is still alive, and each year makes a pilgrimage to Lourdes.

It was on August 24th, 1893, that CONSTANCE PIQUET was suddenly cured at Lourdes of cancer of the breast. The extraordinary character of the cure was testified to by Dr Martin de Lèves (Eure-et-Loire), under whose treatment she had been.

This tumour had originated in the left breast at the close of 1891. In July, 1893, the patient's state was desperate; a gland had developed in the axilla and indurated lymphatics connected it with the primary growth. The patient suffered considerable pain, which constantly increased. Cachexia was making rapid progress and a drastic operation seemed to offer little prospect of improvement.

At Lourdes, the first two baths in the piscina gave her no relief; but on August 24th, during the third immersion, the swelling disappeared with no attendant pain or disturbance, and when Constance Piquet returned to Soulaire, Dr Martin had to acknowledge the complete disappearance of the cancer and of its secondary deposits.

The cure was so radical in character that at the present day Constance Piquet, whose health is excellent, fills the important and fatiguing office of night attendant at the Châteaudun public hospital.

In both the above cases cancer undoubtedly existed; that is to say, they were cases of malignant and fatal tumours. With Catherine Lapeyre, the

tumour that had developed on the tongue could be nothing else than lingual cancer. It was not a syphilitic gumma, for in such a case the hospital surgeon at Toulouse would not have used the knife, but merely prescribed treatment by mercury, etc. He knew the facts of the case when he operated, and besides the patient manifested all the symptoms characteristic of cancer of the tongue—pain radiating about the ear, enlargement of the cervical glands and induration beneath the mucous membrane.

Furthermore, after the operation the disease reappeared, the cervical glands developed into a chain of swellings of considerable size, speech became unintelligible, and the pain around the ear set in again. This is the classic and fatal course that occurs with recurrence of lingual cancer. There is practically no cure, and we append the observations on this head made by Dr Le Normand, surgeon of the Paris hospitals.[1]

"The prognosis of lingual epithelioma"—epithelioma being the scientific term for certain types of cancer—"when left to follow its course freely, is absolutely fatal; death results, on the average, twelve to fourteen months after the outbreak of the disease.

"*Surgical treatment*, as will be shown later, though it has led to unquestionable cures, only too

[1] "Nouvelle pratique médico-chirurgicale."

often proves a failure, and thus the prognosis remains very grave.

"If we are to believe Trélat and Le Dentu, the prognosis would be less unfavourable in cases of leucoplastic epithelioma than in the other forms of cancer of the tongue; the disease being here of slower development, the glands being more rarely affected and at a later stage, and operations proving more successful. It has been well shown by Reclus that though most of the epitheliomata developed on leucoplakia take a very malignant course, there are some of very slow growth, ulcerating at a late stage, remaining purely local lesions and not affecting the general health. This specialised form of cancer he has designated by the name of 'leucoplastic epithelioma' (*épithéliome en surface des muqueuses leucoplastiques*). It is not confined to the tongue, and is attended with the following signs: it constantly develops at the site of a 'leucoplastic plaque'; the tumour is of small size, like a round or elliptic swelling protruding three or four millimetres, and not more than one centimetre in diameter; there is a very marked tendency to recurrence, not necessarily locally, but at the site of other leucoplastic plaques (some of the patients have been operated on eight or ten times); there is usually no enlargement of the glands and the course of the disease is very protracted (reaching to fifteen or twenty years) and comparatively

benign. This last characteristic is, however, far from being universal, since two of the patients of Reclus finally succumbed.

"In any case, this particular variety of the disease is interesting and noteworthy; it is, however, of too rare occurrence to detract materially from the usual serious prognosis in cases of cancer of the tongue."

Since the cervical lymphatic glands were much enlarged in the case of Catherine Lapeyre, it cannot be admitted that the disease was other than cancer of the tongue, calculated to prove fatal at no distant date and of a particularly malignant type, since it had recurred locally within three months.

The sudden cure, which took place after the application of Lourdes water, was in defiance of recognised laws, and is moreover of a permanent character, since for the last nineteen years there has been no recurrence of the trouble.

The disappearance of cancer of the breast in the case of Constance Piquet is no less out of the ordinary, particularly if it be borne in mind that for the last twenty-three years she has been in perfect health. On cancer of the breast, Dr Chevassu has penned the following:

"Every cancer of the breast leads almost invariably to death, but its course varies in rapidity. The softer types develop more speedily, and are thus more serious than the scirrhus growths. Cancer in young women is always more serious than

cancer in the aged. Certain atrophic forms of scirrhus have lasted fifteen to twenty years. Nevertheless, practically all prove fatal sooner or later, unless something comes to arrest the disease. Surgical treatment has been able to modify this very grave prognosis; by operation cancer of the breast can now be cured; and daily more cases are being cured, in proportion as surgical technique becomes more highly developed. The most recent statistics show that forty or fifty per cent of cases of cancer of the breast operated upon, are definitely cured. Thus this disease is certainly curable. This, however, is only true when the case treated is in an early stage. Every day of delay gives less chance of recovery, and the surgeon's prognosis will be favourable in proportion as the operation is early. That is the point of vital interest that allows of no exception. Hence it is most important that the diagnosis be made as early as possible, and that the operation follow immediately."

In the light of the foregoing description, there is but one simple observation to be made concerning Constance Piquet. Her tumour was already too extensive and the cancerous generalisation had spread too far for the surgeon to have any chance of effecting a cure. Death was thus practically inevitable when, without operation, and by a mere bath in the piscina of Massabieille, all trace of disease vanished, nor has there been any recurrence

of the trouble these twenty-three years. Therefore the cure does not fall in with the course of things usual in medical practice; it is unaccountable, and extraordinary.

CHAPTER XV

GABRIEL GARGAM

THE cure of Gabriel Gargam is certainly one of the most interesting and extraordinary to be met with in the annals of Lourdes. In addition, it has but recently become once more a topic of public interest, in that Gargam was attacked by a professor of the Gap Lyceum, and, as an answer was necessary, he replied politely but very explicitly in the paper *La Croix*. We can, moreover, find all the particulars of this discussion in the documents collected by Monsieur le Chanoine Bertrin in his *Histoire critique des événements de Lourdes*.

On December 17th, 1899, Gargam, in his capacity of post office employee, had taken the express from Bordeaux to Paris and set to work with three companions in the mail-coach, the last but one in the train. At twelve-thirty p.m. another express that had left ten minutes later entered into violent collision with the first. The unlucky man was hurled violently sixty feet beyond the track out into the snow, where he remained buried till seven-thirty a.m. When taken up, he was covered with

wounds, had fractured his collar-bone, and was paralysed in the lower limbs. He was admitted to the hospital at Angoulême and was attended by Dr Decressac, who drew up the following statement of the case:

"I, the undersigned medical practitioner, sometime resident doctor of the Paris hospitals, being desired to investigate the actual state of Monsieur Gargam, under treatment at the Angoulême Hospital, certify that the following particulars have come under my personal observation:

"Monsieur Gargam, a victim of a railway accident on the Paris-Bordeaux line, showed on admission many bruises and contusions, and there was also considerable collapse; but there was no important traumatic lesion, and I noted particularly that there was no fracture or luxation of the vertebral column. He was nevertheless unable to leave his bed, although not quite helpless, yet any movement of the lower limbs were attended with considerable difficulty.

"Progressively, signs of paraplegia have appeared, flaccidity at first, then rigidity, and spasticity, accompanied by a variety of painful symptoms.

"At the present time the condition is as follows:

"The patient is absolutely powerless to move the legs or the trunk; he has lost flesh and is bedridden.

"In no region are traces of traumatism discoverable; there is no deformity of the spinal column.

"*Examination of Sensibility.*—Cutaneous anæsthesia is present over the lower portion of the body as far as the pelvis; while there is hyper-æsthesia of the abdomen.

"On the face and upper part of the thorax, tactile sensation is normal.

"Sensations of heat and pressure are normal also except in the lower limbs.

"The patient suffers acute pain in the thorax and between the shoulders; these pains are not of a permanent character, being at times sudden and very keen, at others dull and conveying the sensation of an intense constriction.

"There is no spontaneous pain in the legs; this, however, is a point noted at the outset.

"The patient has experienced for the last few months a very distinct pain at the level of the second lumbar vertebra; this is particularly noticed on pressure.

"*Examination of the Motor System.*—The patient is unable to move the legs or flex the trunk, the legs are rigidly fixed in the extended position, nor will the lower limbs allow any motion at all; this is not due to articular lesions, but results from the muscular rigidity. The movements of the arms, face and neck are normal.

"All these disturbances have been noted for some considerable time.

"*Condition of the Reflexes.*—These were previously very exaggerated, particularly ankle clonus.

"At the moment the patella reflex cannot be elicited in the ordinary manner, owing to the rigidity and extension of the legs. Nevertheless the striking of the tendon provokes very distinct contractions of the quadriceps. The cutaneous reflexes are exaggerated, particularly those of the abdomen; in fact, the mere touching of the hyperæsthetic abdominal wall provokes a sharp contraction of the abdominal muscles. The cremasteric reflex is normal. There is ankle clonus, but less than formerly.

"*Trophic Troubles.*—Besides the emaciation of the whole body, there is very pronounced atrophy in the muscles of the lower limbs; thus the measurement of the calf is twenty-five centimetres, while round the middle of the thigh it is thirty-three centimetres. At the sacrum there is some inflammation and a tendency to slough. There is no alteration in the hair, nails or skin. Friction of the skin produces a reddening which persists for some time.

"*Digestive Organs.*—In a condition of atony, no appetite, feeling of nausea, the tongue brown

and dry, deglutition is possible, but the presence of food causes a spasm of the œsophagus. The patient is fed by Debove's tube. There is never sickness, eructation or water-brash, but often sharp pains in the region of the stomach. Stubborn constipation.

"*Heart.*—Some palpitation. No signs of valvular trouble. Pulse normal. Frequent precordial pain.

"*Lungs.*—Stethoscopic examination reveals nothing; there is no cough; respiration laboured; thoracic movements deficient.

"*Urinary Function.*—In the decubitus the patient passes urine fairly well, but slowly, but empties the bladder incompletely; after micturition a few more drops of urine dribble away. In the standing posture micturition is involuntary. There is no deposit in the urine, nor in fact any abnormal element.

"*Sense Organs.*—The eyesight is good; there is neither strabismus (squint) nor ptosis, nor alteration in the pupil; the latter reacts well to light, nor is there any inequality. Colour vision is normal.

"There is nothing peculiar about the hearing and sense of smell.

"All these signs and symptoms, of which the most typical are paralysis with contraction,

muscular atrophy, and anæsthesia of the lower limbs, set in gradually; they point to an affection of the spinal cord known by the name of amyotrophic lateral sclerosis.

"I have felt able to form this diagnosis to the exclusion of others, such as paralysis due to medullary compression, or hystero-traumatism.

"This morbid state appears to me to have clearly arisen from the railway accident above-mentioned. It constitutes permanent disability, giving little hope of improvement; rather is it likely to progress and terminate fatally.

"(*Signed*) DECRESSAC.

"ANGOULÊME, *December 29th*, 1900."

Now let us pass to a supplementary report issued ten months later.

"I, the undersigned medical practitioner, former resident doctor of the Paris hospitals, certify to having examined Monsieur Gargam on June 19th, 1901, with a view to taking note of any modifications that might have supervened in his pathological state.

"Examination of the various organs of functions has enabled me to make the following observations:

"*Sensation.*—Abolished in the lower part of the body from the pelvis downwards. Exaggerated over the abdomen and the lower part of the thorax. Normal in the upper part of the body.

"In the lower half of the thorax and the upper half of the abdomen there are spontaneous attacks of pain, deep-seated and of varying frequency and intensity, but with a tendency to become continuous. There are also acute lancinating pains in the region of the heart. Other pains, which did not exist at the time of the first report, have developed in the upper limbs.

"*Motor System.*—There are no changes since the last examination. The legs and trunk are rigidly extended and cannot perform or be put through any movement.

"*Reflexes.*—By reason of the spasticity, it is no longer possible to examine the tendon reflexes, but the skin reflexes are exaggerated, notably the cremasteric and abdominal.

"*Trophic Troubles.*—These are a trifle increased. Muscular atrophy has advanced: thus the measurement is now only twenty-four centimetres for the calf and thirty-three and a half centimetres for the thigh.

"There has been but little alteration in the state of circulation or of the digestive and respiratory functions; it should be noted, however, that deglutition is only possible for liquids, while nourishment is only taken by means of œsophageal and rectal tubes. There is no change in the organs of special sense, except some deafness on the left side.

"Briefly then, the modifications that have occurred are of little moment, but still imply a slight aggravation—more pain in the arms, increased emaciation, and digestion worse.

"The prognosis remains the same with regard to the incurability of the disease and its gradual progressiveness.

"(*Signed*) H. DECRESSAC.

"ANGOULÊME, *June* 19*th*, 1901."

These certificates are worded with clearness and precision, and they do not point to hysteria; thus the disease we have to deal with is an organic lesion of the spinal cord and its membranes.

It is far more difficult to determine the nature of this spinal lesion. The description of the condition, though not decisive, points rather to *amyotrophic lateral sclerosis*. The signs and symptoms of this disease are generally found to localise themselves in the upper limbs, while in the case of Gargam it was chiefly the lower limbs that were affected. One has here the syndrome of spasmodic paraplegia with sensory and functional troubles in the upper part of the trunk.

It is reasonable to concur with Dr Teissier's opinion (partner of Dr Decressac) and admit *compression of the cord*, causing a diffuse meningo-myelitis. The certificate, moreover, points out that there was a permanent painful point, at the level of

the second lumbar vertebra; in all probability that is where the initial traumatism occurred, and here is the starting-point of all the various disorders and lesions.

Whatever explanation be accepted, the spinal lesions were very definite, and Gargam was probably incurable.

Some have contended that the case may have been one of *hysteria;* such at least was not Decressac's opinion, consistently rejecting as he did the interpretation of hystero-traumatism.

Attentive perusal of the reports leads to the detection of not the slightest stigma of hysteria; while on the other hand mention is made of clonus, which is suggestive of a spinal lesion.

And finally it is well to remember that the Orleans Railway Company was adjudged to pay Gargam an indemnity of sixty thousand francs and an annual pension of six thousand francs. In its verdict, and following the opinion of experts, the Court testified to a definite and incurable infirmity.

When the poor man was taken to Lourdes, he was but a human wreck, a victim to prolonged fainting attacks, in which he seemed almost dead. When leaving the train at the station, upon his stretcher, he had no notion of what was passing around him. There was a priest riding with him in the carriage bound for the hotel, and he was so impressed by the patient's state that he gave him absolution.

Scarcely did the stretcher-bearers venture to carry him to the Place du Rosaire—at which spot his cure was effected.

During the procession of the Blessed Sacrament, Gargam, who was lying on his stretcher, rose to a sitting posture and exclaimed: "I am cured!" He took a few steps, was taken back to the Medical Bureau, where close upon sixty doctors were able to confirm the cure. In the evening this man, who for the preceding twenty months could only be fed by means of a tube, made a hearty meal, and slept soundly through the night; from this time convalescence was extremely rapid. Three months later he had put on twenty-two pounds; at the present time his weight is eleven stone five pounds, and for nearly ten years he has daily acted as attendant at the baths for men during pilgrimage time.

A few weeks ago, Gargam came to Paris to give a lecture on his "cure" and supplied me with confirmation of all these details. While hearing him tell his experiences publicly, one found it hard to realise that this man, to-day so vigorous and active, had been so near death.

NOTE.—Gargam revisited Lourdes in the spring of 1919, still a healthy man.

CHAPTER XVI

GABRIELLE DURAND

In 1910, before the meeting organised by Dr Boissarie to introduce some sick persons cured at Lourdes, Dr Pley gave an exposition of the case of Mademoiselle Gabrielle Durand, who was cured under circumstances truly calling for wonder.

On August 26th, 1905, this young lady was suffering from hæmoptysis, and was in consequence taken to Villepinte for treatment, her case being considered one of pulmonary tuberculosis. Soon cold abscesses developed in the lumbar region.

On September 14th, 1906, she was admitted to the St Joseph Hospital, at which time the diagnosis was *pulmonary tuberculosis, second stage.* On January 14th, 1907, she came under the treatment of Dr Le Bec, who noted her case down as *caries of the vertebræ*, while a few days before he had made the diagnosis, Pott's disease in the lumbar region. The patient was fitted with a plaster corset, and the same day a tuberculous abscess was aspirated in the left inguinal region. Dr Leuret, of St Joseph's Hospital, did not hesitate to assert that the abscess

in question was osseous in origin, and arising from the vertebræ. So critical was Gabrielle Durand's condition that the hospital chaplain administered the last Sacraments.

She travelled to Lourdes by the "white train," stretched on a mattress, having joined the National Pilgrimage of 1907; but the same train brought her back to Paris with her health unchanged. She was again examined by Dr Le Bec, and he discovered a new tuberculous lesion of the left hip. The limb was set in a plaster splint.

In the hope that the milder climate of the south might contribute to their daughter's recovery, her parents took her to Pau on October 11th, 1907. She received accommodation in the hospital, and was attended by Dr Monod.

On December 25th, 1907, *peritonitis* was suspected; whereupon the plaster casing had to be changed for a splint of the "Bonnet" type. Some symptoms pointing to tuberculous meningitis showed themselves on June 14th, 1908. Three weeks later she was taken to Lourdes in an almost dying condition, the bearer of the following certificate:

"I certify that Mademoiselle Gabrielle Durand is a patient under treatment at the Pau Hospital for pulmonary and osseous tuberculosis (Pott's disease and hip disease), for which she has been

treated for many months in a splint of the 'Bonnet' type. Hæmoptysis is frequent, fever constant.

"(*Signed*) Dr Monod."

During the first four days of her stay at Lourdes she experienced no improvement. During the night of the fifth to sixth day, she appeared to be dying, her pulse was imperceptible, and she had lost consciousness. When let down into the water, her sufferings became intolerable. "I experienced," she said, "excruciating pains, such as I cannot describe. It seemed to me that all my bones were being crushed; I saw my distorted leg twist back to its normal position. . . . A 'frenzy of happiness' came over me and I felt myself *suddenly* freed from all my sufferings."

At the Medical Bureau the doctors acknowledged that she was completely and radically cured. Without the least stiffness in her movements or any pain she was able to walk, jump, flex, and extend the body. The vertebral deformity had vanished, and the left leg, previously shortened by two inches, had resumed its normal length.

The short address made by Dr Le Bec establishes the reality of this striking cure more effectively than any medical certificate.

"I request to be allowed to address the meeting after Dr Pley to assert that that gentleman's

exposition of the case is perfectly correct. On the young lady's appearance, I failed to recognise her. She came under my treatment four years ago, being then in a critical condition, presenting definite evidence of caries of the vertebral column. A plaster corset was made for her by Dr Leuret. I had been requested to retain her under my care for a definite length of time. I kept her for a while, but only on condition that arrangements could be made to take her into the country away from Paris, as soon as possible, for we considered her incurable and could not retain her at St Joseph's Hospital.

"I heard that at Lourdes she had been cured. I have just seen her, and am amazed at her present state. I found myself unable to recognise her. When under my care her condition was such as to leave no room for hope, for when caries of the spine sets in after twenty years of age, coincidently with tuberculous hip disease and lesions in the lungs, such a patient is practically doomed.

"When attending her at the hospital, my opinion was that she would waste away and die slowly; whereas you now behold her perfectly and miraculously cured."

In the month of February, 1912, I saw Gabrielle Durand a second time; a young lady of small stature, ready of speech, vivacious and a picture of health, showing no signs of the ailments she suffered from in 1907 and 1908. Her sudden

recovery *simultaneously* from dorso-lumbar Pott's disease, from disease of the left hip, and from very extensive pulmonary tuberculosis, does not agree with the course of things doctors usually meet with in such cases. And her cure was the more "abnormal" and extraordinary because shortening of the left leg of two inches was rectified instantaneously.

The cure was now of four years' standing, and I eagerly availed myself of the opportunity of examining the young lady. She removed her clothing before me.

Her gait was normal, though a trifle springy; there was no limping, and both legs were of the same length. The vertebral column presented a rather deep depression in the lumbar region, but it was not sensitive to the touch. The trunk was not emaciated and the muscular system was in good condition.

The apices of the lungs, both in front and behind, were normal to percussion. On the right the breath sounds were everywhere normal; on the left, posteriorly in the region of the hilum, the breathing was strong and full, but everywhere else the breathing was as it should be.

Thus the stethoscope detects some bronchial breathing at the level of the root of the left lung; but I can state emphatically that not a trace remains of the tuberculous lesions that affected

Gabrielle Durand. This bronchial breathing is likely enough a sequela of her former pulmonary tuberculosis. Some hypercritical people will doubtless set down the cure as not a radical one, since an evident after-effect still remains; they will, however, not be able to deny the disappearance of the hip and Pott's disease.

NOTE.—The patient was examined anew in 1915 by Doctor Le Bec. Her general health was excellent. Movements of spine and hip showed not the slightest rigidity. Gait was easy, with no suspicion of lameness. Respiratory system was normal, save for slight signs, probably indicating some enlargement of the bronchial glands at hilum of lungs; these caused no symptoms.

In 1916 Doctor Le Bec operated on Gabrielle Durand for appendicitis. The appendix contained a large caculus. There was no trace of tubercle, or even of old tuberculous inflammation about the Peritoneum, Intestines or Appendix. The Uterus, Ovaries, and Tubes appeared to be quite healthy.[1]

[1] Dr Le Bec, *Preuves Médicales du Miracle*, pp. 182-186.

CHAPTER XVII

JEANNE TULASNE

NUMEROUS patients suffering from Pott's disease come to Lourdes. We have already seen how Angèle Lorence and Gabrielle Durand witnessed its disappearance in themselves. Yet another case is deserving of mention, that of JEANNE TULASNE. The case has been minutely investigated by the Rev. Canon Bertrin, and I gladly borrow at some length from his work.

As so often happens, Jeanne Tulasne contracted tuberculosis at fifteen, through nursing for over two years her brother who died of phthisis in 1892. In the month of June, 1895, she complained of dull, deep-seated pains, which grew in intensity, and on October 14th a marked protruberance was visible in the lumbar region. The diagnosis was inevitably one of Pott's disease, of which the first manifestation had been pain due to compression of the posterior nerve roots. From October 18th, 1895, to September 23rd, 1896, her condition was continually growing more serious despite cauterisation and the application of a plaster corset.

At length an abscess discharging bony débris developed in the groin, and no long time after the foot and leg became paralysed and contracted.

All these stages of the disease were observed by several doctors, among whom were Drs Assaky and Thomas. The young lady expressed a desire to go to Lourdes; her usual doctor, however, refused to supply the required *leaving certificate*

Dr Lieffring of Tours was requested to examine Jeanne, and consented to give her the following certificate:

"I, the undersigned medical practitioner, certify that Mademoiselle Jeanne Tulasne, aged twenty, and resident at 8 rue Ragueneau, Tours, is suffering from Pott's disease of the lumbar region with neuralgic symptoms in the area of the left sciatic nerve, and muscular atrophy of the corresponding limb.

"This patient's condition admits of her travelling to Lourdes, due provision being made that she remain motionless.

"In warrant whereof I have given her the present certificate.

"(*Signed*) DOCTEUR LIEFFRING.

"TOURS, *August 7th*, 1897."

Such was the certificate the patient handed to Dr Boissarie, President of the Lourdes Medical Bureau.

In his book, for the general public, Rev. Canon Bertrin undertakes a thorough study of the chief writers on Pott's disease. I will not follow him here. Besides, Dr Lieffring's evidence is unquestionable—a doctor with whom I have been acquainted twenty-three years and whose professional worth I have ever valued—the whole series of symptoms that set in successively in Jeanne Tulasne's case confirm the diagnosis of Pott's disease. The dorso-lumbar pain and deformity, the acute neuralgia along the course of the nerve, the appearance of an *osseous abscess in the left groin*, and *the contracture of the corresponding limb* are definite and certain signs of a tuberculous lesion of an advanced condition in the spine. This explains readily enough the somewhat rough and ready answer of Dr Assaky:

"You wish me to speak plainly, I believe? Well then, my colleagues have made no mistake. Nor was there room for a mistake, for any medical man who was not a fool (*sic*). Pott's disease is too well known, and considering the stage it had reached in this patient's case, I accounted her incurable."

Nevertheless, it was this incurable person who, on September 7th, 1897, was cured of her Pott's disease and all its morbid sequelæ. At the Procession of the Blessed Sacrament, Monsignor Renou, Archbishop of Tours, carried the mons-

trance. He stopped before the young sufferer of his own flock and bestowed a special blessing upon her.

Almost at the same instant, Jeanne Tulasne, who had remained immovable for fifteen months, rose from her stretcher and began to walk. Suddenly her deformity disappeared, and its sole traces are three depressions; while at the same time all the other symptoms disappeared.

Normally, Pott's disease is never cured with this rapidity or instantaneousness. The cure has continued, and it is unaccountable.

CHAPTER XVIII

MARIE-ANTOINETTE RIVIÈRE

In this case we have to deal with multiple gastro-intestinal ulcerations, and incipient pulmonary tuberculosis. These lesions had been very clearly noted down in a certificate of Dr Michelet. Unfortunately this certificate has been mislaid; still, we have the following letter, received by Monsieur Teillon, Secretary of the French National Pilgrimage, by means of which the diagnosis can readily be established:

"7 RUE D'ISLY, LYONS.

"*February 1st*, 1912.

"DEAR SIR,—I am very well acquainted with Mademoiselle Marie-Antoinette Rivière, at whose entry into the world I assisted, and whose early childhood was passed under my care.

"The family subsequently settled at some distance from Lyons, and I saw nothing more of Mademoiselle Rivière till the month of August, 1902, when I called upon Monsieur Rivière, Senior, at the 'Half Moon,' the gentleman having contracted an abdominal disease of which he shortly died. On this occasion I observed in Mademoiselle Rivière a

granular state of the pharynx, together with digestive troubles, which appeared to me connected with secretory disturbances of the stomach.

"At this time Mademoiselle Rivière was already thin, and her health was evidently failing.

"Five years later I was called in by my colleague, Michelet of the 'Half Moon,' to examine with him Mademoiselle Rivière in the month of February, 1907.

"I then learnt that Mademoiselle Rivière had been ailing continually since 1902; her disorder had steadily increased. In 1906 there had been a succession of attacks of vomiting of blood, and coincidently very abundant blood-stained stools, which left the patient in a state of profound depression.

"In February, 1907, when I saw the patient with Dr Michelet, her state had become precarious in the extreme.

"Emaciation was severe; countenance very pale. The patient complained of great weakness of the stomach; the epigastric region was particularly painful over the pyloric area.

"In view of the continued melæna and the limited quantity of hæmatemesis, I concluded that the seat of the hæmorrhage was probably a duodenal ulcer.

"After this visit in February, 1907, I heard nothing further of Mademoiselle Rivière till a telegram came from Lourdes, acquainting me with her miraculous cure.

"This instantaneous cure has been maintained;

at the present day Mademoiselle Rivière is strong, has put on flesh, and is in fact inclined to embonpoint. There are no abdominal symptoms or pains.

"Such, my dear sir, are in brief my recollections on the subject; my colleague, Dr Michelet, who has attended the patient for years, will be able to give you a more complete and detailed account than mine.

"I can, however, conscientiously make the deposition that the condition of Mademoiselle Rivière was very critical; that all hygienic and medical treatment proved unavailing up to the time that the cure was accomplished.

"Humanly speaking, there was little hope of a cure; indeed, I believe it had been pronounced practically, if not quite impossible by one of the most eminent and experienced surgeons of Lyons. I am assured he had diagnosed multiple tuberculous ulcerations.

"(*Signed*) DOCTEUR BRANCHE."

In connection with the above certificate of Dr Branche, the following, written ten months after the cure, is appended:

"I, the undersigned Dr Michelet, certify that I examined Mademoiselle Marie-Antoinette Rivière on June 12th, 1908.

"I observed: (1) That at the present time this young lady seems thoroughly cured of gastro-intestinal troubles which had previously endangered her life. (2) That as far as the lungs are concerned,

there is no disquieting symptom, and that her affection of the last winter appears to have left no trace. (3) In a word, this young person weighs seven stone twelve pounds at the present time, and seems to enjoy relatively good health.

"(*Signed*) DOCTEUR MICHELET.

"3 PLACE DE LA DEMI-LUNE."

This second certificate may admittedly be held not to be decisive since it was drawn up ten months after the return from Lourdes. Still, it testifies to the satisfactory condition of Mademoiselle Rivière's health, which had been despaired of in 1907 by several doctors. The documents remove all doubt as to the instantaneous nature of the cure. One piece of evidence, signed by the Rev. Abbé Vacher, who personally witnessed the cure, is particularly entitled to insertion here.

"I, the undersigned, Curate at St Joseph's of the Demi-Lune, certify that I attended Mademoiselle Marie-Antoinette Rivière for nearly nine months. Her life being despaired of, she made up her mind to seek from Our Lady of Lourdes what science was unable to afford her, and she requested me to travel with her. Thus it was that I had the good fortune of witnessing her marvellous cure.

"Ever since her return the cure has proved

permanent. At present she can go about at will, leading an exemplary Christian life and possessed of but one desire—to spread devotion to Our Lady of Lourdes.

"(*Signed*) J. VACHER.

"LA DEMI-LUNE, *June 8th*, 1908."

It may be objected that the diagnosis is lacking in precision. Perhaps so—but whether the case was one of *a simple ulcer of the duodenum* or one of gastro-intestinal tuberculous ulceration, there were two symptoms of peculiar gravity, which were an ever present danger, namely the melæna and the hæmatemasis.

During the eight months which preceded Mademoiselle Rivière's journey to Lourdes she vomited about once a week, upon waking, half a cupful of blood, red or rose-coloured, as also when she was compelled to make any unusual exertion. The hæmorrhage of the intestine was much more frequent; almost of daily occurrence during the months of December, 1906, and of January, 1907. "The blood passed was black, and resembled coffee grounds."

A fortnight before her departure for Lourdes, Marie-Antoinette Rivière was in a state of such extreme weakness that death seemed fast approaching. She could take no other food than a little iced champagne. A month before she

came to Lourdes she had received the Last Sacraments, and during the journey she appeared to be in a dying state, her eyes already glazed, in consequence of a violent attack of hæmatemasis that came on at Tarascon.

On August 18th, 1907, she was taken to the grotto. Here she received Holy Communion and subsequently drank a cup of milk mixed with water from the well. Suddenly she experienced in the abdomen a sensation of intense burning, and immediately all her pains disappeared. She remained unable, however, to leave her stretcher; but in the evening at the Procession of the Blessed Sacrament, she suddenly sat up, rose to her feet and walked, being then radically cured.

To-day, Marie-Antoinette Rivière is leading a life of great activity; she occupies herself as a teacher, enjoys perfect health, and weighs ten stone six pounds, while at the time of the cure she weighed no more than four stone thirteen pounds.

CHAPTER XIX

THE CASES SUMMARISED

It will not be unprofitable to summarise at this stage the eighteen cases of cures examined above. The case of Raymonde Buffenoir must be set completely on one side. We may now set down the cures in their chronological order.

Chronological Table.

1. Pierre de Rudder was cured on April 7th, 1875, of an ununited compound fracture of the left leg, of eight years' standing.

   The cure was effected at Oostacker-lez-Gand (Belgium). The bones were *suddenly* united while De Rudder was making his third devotional round of a grotto dedicated to Our Lady of Lourdes.

2. Joachime Dehaut was cured on September 13th, 1887, of a gangrenous wound of the right leg, spreading from the ankle to the knee. The destruction of the tissues had laid both bones bare; the sore emitted a foul smell and at each dressing sloughs came away.

   The wound *was cicatrised* in a few seconds

at Lourdes, in the piscina. A first immersion effected nothing but to throw Joachime into agonies of pain so acute that she fainted. A few hours later, upon a second immersion, she experienced at first most excruciating suffering; then a great sense of calm followed, all pain disappeared, new skin developed over the wound, and the patient was able to walk once more. She was in fact wholly cured.

Joachime Dehaut is still alive and has already made forty-five pilgrimages to Lourdes since the time of her cure.

3. Catherine Lapeyre was cured in August, 1889, of cancer of the tongue, which was of two years' duration and had recurred locally in spite of surgical treatment.

In 1887 she took part in the National Pilgrimage, but to no purpose.

In 1889, after her relapse, as she was unable to travel with the pilgrims, she united her prayers to theirs, making a novena, *in her garret at Toulouse*, and bathing the diseased part with Lourdes water. On the last day of the novena both the tumour of the tongue and the enlarged glands in the neck suddenly disappeared.

After twenty-three years, Catherine Lapeyre still continues in robust health and goes every year to the sanctuary of Massabieille.

4. Clémentine Trouvé was cured on August

21st, 1891, of *tuberculous osteo-periostitis* of the right heel, from which she had suffered more than two years.

The cure was wrought at *Lourdes* in the *piscina*. Without experiencing any pain, the young lady felt a force lifting her, she was able to walk, the suppuration ceased, and the wound was suddenly cicatrised under the very eyes of the bystanders.

Clémentine Trouvé later entered religion, being at the time sound of health. She died in 1910 of generalised tuberculosis of three years' duration.

5. Marie Lebranchu was cured on August 20th, 1892, of *pulmonary tuberculosis* that had set in some years before.

She was healed suddenly in the *piscina at Lourdes*. No sooner had she been immersed than she uttered piercing cries and exclaimed: "I am cured!"

After a lapse of nearly twenty years, Marie Lebranchu still lives without the slightest symptom of the old trouble. She is at present matron directing the work of the inmates of the Good Shepherd Institute at Angers.

6. Marie Lemarchand was cured August 21st, 1892, of an *ulcerated sore in the face, due to a tropho-neurosis*.

The sore was healed quite suddenly at *Lourdes in the piscina*, being accompanied by very severe pain in the face.

Since her cure, Marie Lemarchand has married and has had many children. She is at present in good health, residing at Paris, rue de la Comète.

7. CONSTANCE PIQUET was cured on August 24th, 1893, of cancer of the breast of two years' duration with accompanying cachexia.

The tumour disappeared suddenly without any pain or disturbance after a *third immersion in the piscina at Lourdes.*

Constance Piquet is still living, nineteen years after her cure. Since 1908 she has been doing night duty at the Châteaudun Hospital and enjoys perfect health.

8. JEANNE TULASNE was cured on September 8th, 1897, of *Pott's disease* of two years' duration.

During the Procession of the Blessed Sacrament, Jeanne Tulasne rose to her feet and her spinal deformity disappeared suddenly and painlessly, leaving no traces other than three depressions.

The young lady is still alive and well, a resident of Tours.

9. GABRIEL GARGAM was cured on August 19th, 1901, of spasmodic paraplegia caused by grave lesions of the spinal cord which were contracted in a railway accident.

During the *Procession of the Blessed Sacrament* he was able to rise to a sitting posture and found himself cured.

At the present time, Gargam devotes him-

self in summer time to assisting invalids at the piscina—which he does without fatigue—and in the winter he goes about the country giving lectures in praise and honour of Our Lady of Lourdes.

10. MARIE-ANTOINETTE RIVIÈRE was cured on August 18th, 1907, of *gastro-intestinal ulcerations*, which had existed for five years and had caused numerous hæmorrhages.

The cure was effected at *Lourdes* in two stages. In the morning, after having received Holy Communion, she drank a cup of milk mixed with the *miraculous water*; she immediately experienced a fierce burning pain in the abdomen, then all her sufferings suddenly left her; she remained, however, in a state of complete exhaustion. In the afternoon, during the *Procession of the Blessed Sacrament*, she felt a warmth pervading her limbs and her strength returning; and she felt herself able to walk.

Her health has not failed since that time. She resides at Grizieu la Varenne, in the Department of the Rhône.

11. MARIE BORREL was cured on August 21st and 22nd, 1909, of a number of pyo-stercoral fistulæ, after six years' illness.

In this case the cure that occurred at *Lourdes* did not present the character of instantaneousness that is usually met with.

On the evening of August 20th the sores

were washed and dressed at the *piscina*, and in the early hours of the 21st the pus and stercoral matter were less than usual. In the course of the day four fistulæ closed up, and on the morrow, the 22nd, the two remaining cicatrised. At the *piscina* the patient's cure was perfected the instant her feet touched the water.

There has been no relapse subsequently.

12. GABRIELLE DURAND was cured on June 14th, 1908, of tuberculosis, pulmonary, Pott's disease, and disease of the left hip, which had been developing for three years.

A first pilgrimage in 1907 had brought about no change in her state of health. In 1908 she was cured *suddenly* at Lourdes in the *piscina*, undergoing excruciating pain at the moment. The left leg, that had become shortened, was lengthened by two inches, so that it corresponded with the right limb. Gabrielle Durand, who resides at Paris, is at present in very satisfactory health.

13. LÉONIE LÉVÊQUE was cured on July 16th, 1908, of *double frontal sinus disease with suppurating osteo-periostitis of the frontal bone*, the commencement of which dated back eight years.

The cure was effected at *Lourdes*. It began in the garden of the hotel where Léonie Lévêque was staying, and in the course of the night it was fully completed.

To-day she is in very good health; she is a resident of Paris and is employed in the office of the Archbishop's house.

14. MARGUERITE VERZIER experienced the consolidation within forty-eight hours of a *fracture of the right femur*, the fragments of which for three months it had not been possible to set—July 9th, 1909.

The cure was effected at La Teppe Asylum, during the pilgrimage of the Ardèche Department, at the close of a novena to Our Lady of Lourdes.

Not only has the cure been maintained ever since, but Marguerite Verzier has been entirely relieved of very serious nervous trouble, the disorder which had hindered the setting of the fractured bone.

15. JEANNE FURLANELLI was cured on August 19th, 1909, of a *gastric ulcer* of more than two years' standing, during which time two operations had been performed.

The cure was wrought *instantaneously at Lourdes* upon the first immersion in the piscina.

Since the time of her cure, Jeanne Furlanelli, who is working at Paris as a seamstress, has always been in good health.

16. ARMANDINE ROUX was cured on August 20th, 1909, of a *gastric ulcer* of some months' standing.

The cure came about at *Lourdes instantaneously* in the *piscina*, accompanied with very extreme pain; this was immediately followed by the total cessation of all symptoms.

The recovery has been maintained.

17. BLANCHE PALLIÈRE was cured on August 22nd, 1909, of a gastric ulcer of four months' duration.

The patient was healed *suddenly at Lourdes* with not a trace of pain, upon her *third immersion in the bath.*

Blanche Pallière has not been ill in any way ever since, and after her cure went into service again at Paris.

18. ANGÈLE LORENCE was cured on August 21st, 1911, of a tuberculous abscess in the right foot, which had persisted for ten years, and on August 23rd, 1911, of Pott's disease of the vertebræ, that had existed for the space of six years.

The abscess was cured at Lourdes *instantaneously* upon the *third immersion in the bath*; while the Pott's disease completely disappeared two days later at Paris.

At the present time, Angèle Lorence is in excellent health and resides at Cérizy-la-Forêt, in the Department of the Manche.

As a result of this inquiry into the circumstances attending these various cures, we can state that:

1. *Eleven cures were wrought at Lourdes, in the baths.* These are the cures of Joachime Dehaut, Clémentine Trouvé, Marie Lebranchu, Marie Lemarchand, Constance Piquet, Marie Borrel, Gabrielle Durand, Jeanne Furlanelli, Armandine Roux, Blanche Pallière and Angèle Lorence.

Of these, some experienced in their cure nothing else than an indescribable feeling of ease. In fact this was the case with all except five, who momentarily suffered extremely acute pain, namely, Joachime Dehaut, Marie Lebranchu, Marie Lemarchand, Gabrielle Durand and Armandine Roux.

Clémentine Trouvé, Marie Lebranchu, Marie Lemarchand, Jeanne Furlanelli, Armandine Roux and Blanche Pallière were cured on their very first immersion; whereas the sore of Joachime Dehaut did not become cicatrised before the second bathing; and in the cases of Constance Piquet and Angèle Lorence three immersions had to be made.

Marie Borrel was first bathed with Lourdes water and subsequently let down into the bath.

The case of Gabrielle Durand is peculiar—her first pilgrimage in 1907 brought about no change of health; while in 1908 immersion in the bath

restored her immediately to a new lease of life and vigour.

There is thus nothing systematic or preconceived in the mode of the cure and it is impossible for a medical man to foresee how the cures will come about.

2. Two of the cures took place at Lourdes during the Procession of the Blessed Sacrament, those namely of Jeanne Tulasne and Gabriel Gargam, and their restoration was absolutely painless.

3. One of the cures began while the patient was drinking Lourdes water on her way to the Blessed Sacrament Procession; this was the case with Marie-Antoinette Rivière, who felt coincidently a very keen burning pain in the abdomen.

4. Léonie Lévêque was cured at her hotel during the Mass at six in the evening outside the precincts of the grotto, and in so gentle and delightful a manner that she almost felt it too good to be true.

5. *Three were accomplished away from Lourdes.* The three sufferers were restored painlessly; they were: Pierre de Rudder at Oostacker-lez-Gand; Catherine Lapeyre at Toulouse in her garret, after a fruitless pilgrimage; and Marguerite Verzier at the La Teppe Asylum.

CHAPTER XX

THE DEAD

If one were minded to make an analysis of these various cases, to discover what points they have in common, the task would prove considerably embarrassing.

The cures of Lourdes do not lend themselves to collective study; each comes to pass in a way peculiar to itself. To sum up, they show but three dominant characteristics:

1. Their rapidity, the cure being sometimes instantaneous.

2. The simplicity or even nullity of the curative agencies.

3. Their habitual coincidence with prayer or some manifestation of piety.

Each of these three traits deserves close examination, and with these subsequent chapters will deal.

For the present, there is but one point calling for consideration, namely, *the permanence of the*

cures, and the rather lengthy survival of the fortunate subjects. Of eighteen patients cured, only two have died, Pierre de Rudder and Clémentine Trouvé. Nor need their decease cause surprise. Persons cured at Lourdes do not thereby contract immortality; the common law does not cease to hold good in their cases.

"True enough," one may answer, "but is there no relation between the illness that proved fatal and the one that had been previously cured?" This objection is valueless, at least in so far as Pierre de Rudder is concerned.

His fracture was suddenly consolidated on April 7th, 1875; he subsequently went to work for twenty-three years and experienced not the slightest trouble in the limb; but died of pneumonia on March 22nd, 1898, in his seventy-fifth year. No serious medical man will be found to believe that there was some connection between the fracture and the pneumonia.

In fact his death furnished confirmation of the case in favour of Lourdes, since it enabled the solidity of the union of the bones to be duly examined and demonstrated.

May 24th, 1899, fourteen months after his decease, Dr van Hoestenberghe had the corpse exhumed and examined the bones, which are at present in the possession of Father Deschamps, a doctor and a Jesuit priest. I personally examined

the plaster castings in 1900 and can affirm that consolidation really did take place.

The case of Clémentine Trouvé is more open to discussion. On August 21st, 1891, she was cured of tuberculous osteo-periostitis of the calcaneum, and in 1910 she died of general tuberculosis. That tuberculosis should thus localise itself twice in the same person even with an interval of ten years is perhaps more than a chance coincidence.

This is a very serious objection, and the point may be conceded that the final tuberculous disorder in Clémentine Trouvé was closely related with the osseous tuberculosis long since disappeared.

It is a general law in pathology, that after a cure tuberculosis may at some given moment light up again as it were, and initiate a series of tuberculous lesions. The bacilli, encysted in a hidden focus, may suddenly renew their virulence and cause fresh lesions.

Although Dr Cibiel's certificate does not refer in any way to the subject, it is possible that Clémentine Trouvé retained in the pleura or lungs, or in a bronchial gland, some minute foci of tubercle contemporaneous with her osteitis. These lesions, lighting up years after the cure, may have given rise to dissemination of the disease; be it noted, however, that no one has endeavoured to hold that the young lady was cured of tuberculosis of the lungs. One thing alone has been established

by proofs and depositions that cannot be questioned, namely, that she was cured of a tuberculous osteitis of two years' standing.

What is extraordinary is not the mere fact of the cure, but the instantaneous mode of its accomplishment. The testimony of Madame Lallier, who had bathed her, should be remembered: "I beheld on her right heel a large scar forming itself so to say beneath my very eyes; the flesh closed together and seemed to knit up of itself."

No doubt Madame Lallier is an outsider, and her evidence has no scientific import; but there are matters pertaining to medicine and surgery concerning which the medically uninitiated can form a correct opinion. When hæmorrhage follows upon the infliction of a deep wound, need one be a doctor to say that the blood is flowing and the wounded man turning pale? Is a doctor always required to register the fact of a purulent wound suddenly ceasing to suppurate and closing of itself?

The doctors at the Lourdes Medical Bureau who examined Clémentine Trouvé after her cure were so positive about the case that their opinion cannot be called in doubt. It cannot be too often insisted that the cures of Lourdes are extraordinary chiefly in their mode of accomplishment.

To cut short all discussion, whether or not the former illness and the death of Clémentine Trouvé

stood in the relation of cause and effect, it remains true that no one is entitled to deny the extraordinary cure of the tuberculous osteitis which did not even recur at the close of her life.

To come to our final argument: Of the eighteen persons I have discussed, she was not the only one suffering from a tuberculous lesion. Marie Lebranchu, Jeanne Tulasne, Gabrielle Durand and Angèle Lorence also had localisations of osseous or lung tuberculosis; they have been cured at Lourdes and are, at the time of writing, in sound health.

CHAPTER XXI

THE CURES AT LOURDES HABITUALLY INSTANTANEOUS, OR AT LEAST EXTREMELY SWIFT

In the cures we have been examining, there had been a more or less deep, partial, or local destruction of tissue; three cases, however, ought to be considered apart, namely, those of Gargam and the two cancer cases.

The losses of substance were immediately made good in the case both of surface and deep-seated wounds. Cicatrisation such as these can only be brought about through a physiological process, the *general natural laws* of which first claim examination.

Further, the very nature of the wounds influence the process of cicatrisation.

Aseptic wounds, that is, those that are not infected, may heal up very rapidly. This is of common occurrence after operations, where portions of skin severed by the knife reunite *by first intention.* For example, a surgeon in a case of laparotomy divides the skin and the various layers of the abdominal wall; after the operation he closes the wound by a number of sutures, observing very

strict aseptic precautions. After some days, when the dressing is removed for the extraction of the sutures, the two edges of the wound have united, but the cicatrix is still red and the epidermal formation still imperfect. In straightforward cases, this closing up is effected in a week, and at the end of ten days or a fortnight the cicatrix is firm.

Septic wounds, in other words, infected wounds, are far slower in healing. The pyogenic organisms maintain the suppuration which prevents the juxtaposition of the severed parts, the more so if the edges of the wound are torn and irregular. Reunion is then only effected by *second intention*. The pus comes away for some time, through drainage tubes placed in the septis focus or by sinuses developed of themselves. The wound gradually becomes dotted over with granulations which enlarge, approach each other and unite very gradually, and a permanent fibrous cicatrix is formed; the whole process always requiring several weeks for completion.

In larger wounds, such as ulcers, the repair is even more protracted; and this in spite of *skin-grafting* or *autoplasty*. In the former case, the surface of the ulceration is spread over with small pieces of epidermis; in the latter, some healthy skin is transplanted, remaining connected by a vascular bridge to the region from which it was taken. In

the most successful cases the skin is renewed and the cicatrix closed in ten days, approximately. In *gangrenous ulcerations* the treatment is even more tedious; as, previous to repair, the wounds have to be cleansed by aseptic lotions or by the application of germicidal substances such as tincture of iodine.

Tuberculous wounds are by far the slowest to heal. On the one hand the tubercle bacilli give to the lesion a character militating against repair, and *common* pyogenic organisms increase the suppuration; while, on the other hand, these cutaneous lesions often have their starting-point in more or less deep-seated osteitis. Thus it is that frequently in tuberculous pus, fragments of necrosed bone are found, sequestræ whose elimination necessarily implies a further delay in the process of cicatrisation. It is not uncommon for such cases of suppuration to continue for months or even years and to require repeated surgical attention by way of scraping the bone, incision, etc. In many of such cases when cicatrisation does occur, the scars are retractile and painful, and generally entail malformations of a lasting character.

As to deep-seated loss of substance, repair is a more lengthy process and beset with difficulties. The ravages of tuberculosis in such cases are particularly severe and intractible. Months or even years must elapse before cavities in the lungs and pus formation in the neighbourhood of the

pleura can be cured. Again, one can never be sure that the healing is complete and permanent.

Pott's disease, which consists in the destruction of the bodies of one or more vertebræ, cannot be cured rapidly. In slight attacks at least six months of immobilisation are required; while in serious cases the time needed for definite repair often runs into years; and then of what a poor sort it is! In Canon Bertrin's work, "Un Miracle D'Aujourd-'hui," he has inserted two photographs which will appeal to those whose medical knowledge is elementary. The two plates afford a face and a profile view of a spinal column that had been affected with Pott's disease and cured by ordinary treatment; healing has led to exuberant bone formation entailing permanent spinal deformity.

Ulcerations of the mucous membrane always heal with some degree of slowness.

Gastric ulcer, for instance, is generally repaired only in the course of some weeks. As soon as the ulcer has formed, leucocytosis occurs in the neighbouring lymphatic glands of the peritoneum, and the serous membranes thicken at the base of the ulcer. When care is taken to employ alkalis to neutralise the corrosive action of the gastric juice, lymphatic cells springing from the mucous membrane begin to repair the ulcerated part, and systematically make good the loss of substance; then the gastric epithelium spreads over the

cicatrix. The various stages in the cicatrisation require a minimum of ten days for their accomplishment.

The slowness attending the healing of *intestinal ulcerations* becomes likewise evident from the consideration that with typhoid fever the time needed for restoration is about ten days, while with the very simplest cases of appendicitis a minimum of six days is required for cicatrisation.

In cases of *fracture*, the time required for consolidation is variable, depending upon the nature of the fracture, whether simple or compound. The fracture is *simple* when the fragments have not come into contact with the outer air, thus remaining sheltered from external infection. By means of the proliferation of the osseous cells beneath the periosteum, the pieces of bone are united by callus, the formation of which requires a length of time proportionate to the size of the broken bones. In cases of fractured fibulæ the callus only fully solidifies after some eighteen or twenty days; while for fracture of the femur a minimum of forty-five days must be allowed.

Fractures become *compound* when a wound is so deep as to reach the broken fragments, thus putting them into communication with the outside air. Infection takes place in consequence, and this is often followed by free pus formation with resulting necrosis of the bones. Under these

circumstances the fragments cannot unite, and often no other course is left but amputation of the limb.

Such, broadly speaking, are the general laws governing the repair of losses of substance in the various tissues. If we inquire as to whether they have been observed in the cures detailed above, we find that it is not so.

The pyo-stercoral fistulæ of MARIE BORREL closed up in twenty-four hours; the gangrenous wound of JOACHIME DEHAUT was cicatrised instantaneously and entirely covered over with a new and firm epidermis; while in a few seconds the trophoneurotic wounds of MARIE LEMARCHAND disappeared, as did also the tuberculous osteitis of CLÉMENTINE TROUVÉ and the tuberculous abscess of ANGÈLE LORENCE. Nevertheless, these lesions were suppurating freely, were septic to a degree, and should have taken a number of months to cure if their healing and tissue repair had occurred naturally.

The frontal sinus of LÉONIE LÉVEQUE ceased discharging and became cicatrised in a few hours; the fractured femur of MARGUERITE VERZIER, which for three months it had been impossible to keep motionless, was consolidated within forty-eight hours; finally the compound fracture of DE RUDDER, which had been suppurating for eight years, was healed instantaneously.

In each of these cases *the cure was effected quite*

outside all natural laws; it is incompatible with good faith not to admit its extraordinary character.

The gastric ulcers of JEANNE FURLANELLI, ARMANDINE ROUX and BLANCHE PALLIÈRE were cured in the same way. It will doubtless be objected that cicatrisation was not observed *in the act.* But why should doubt be thrown on these cures effected at Lourdes when they are supported by evidence and proofs which would be accepted without fail in all our clinics?

The instantaneous disappearance of gastrorrhagia, of the paroxysmal pains, and also the immediate resumption of normal diet are proofs so obvious that all medical men must accept them. These patients, who subsisted solely on a few sips of iced milk, should have experienced most acute pain on taking the solid food which they ate, and enjoyed. The same holds good in the case of MARIE-ANTOINETTE RIVIÈRE. After having felt a very keen burning sensation throughout the digestive tract, she was able to rise to her feet at the Procession of the Blessed Sacrament, and on the very evening of the cure made a good meal which she digested without difficulty. In the case of MARIE LEBRANCHU, the symptoms of pulmonary tuberculosis disappeared on the spot, and the patient's health was completely restored.

Once again, are not such occurrences extraordinary?

Gabriel Gargam supplies us with another case of instantaneous cure. Certain hostile critics, not medical men and of highly questionable competence, have sought to attribute this quasi-resurrection to hysteria. Their contention finds a flat contradiction in Dr Decressac's deposition, for he found no neuropathic stigmata and had no hesitation in pronouncing against hystero-traumatism. His words are the less open to cavil as they are recorded in official papers and medico-legal certificates, which experts have examined and which were destined to elucidate the case before the Courts. In the doctor's opinion Gargam, who had been an invalid eighteen months, was incurable.

Spinal injuries of this type are always very serious; when, quite exceptionally, they do not end fatally, many months are necessary to bring about a cure, and this is usually followed by some degree of weakness and disorders of a permanent character. *In this particular case, however, they radically disappeared within a few moments. The cure is consequently an extra-natural one.*

All the above cases have been cured with an instantaneousness or at least a rapidity for which medical science is unable to account. They do not agree with our habitual experience, as Dr de Saint-Germain one day observed to Dr Boissarie, when investigating a case of a tuberculous knee completely cured at Lourdes.

The question as to whether the conquests of science in the near or more remote future may not furnish the key to these occurrences we find inexplicable, can safely be answered in the negative. These are facts of a vital nature, and, despite all the improvements the foes of the supernatural invoke, no *savant* will be able to modify the natural laws that govern human life.

Laboratory research also will be unable to give the lie to the extraordinary character of these occurrences, because the fundamental principles, namely, asepsis and a healthy condition of wound, could not have been realised in the cases with which we are dealing. These destructions of tissue are always septic, and Lourdes water cannot be considered as a suitable basis for the regeneration of human tissues.

Lastly, there remain the two cancer cases of Catherine Lapeyre and Constance Piquet, both also cured instantly. Some cancers are known to have existed a number of years, but never has a single one been recorded as *spontaneously* and *suddenly disappearing*. In the treatment of these malignant tumours, even first-rate surgery is frequently followed by disastrous results.

The adversaries of Lourdes will here seek to make capital out of *electricity*, as being able to check the course of cancer and prevent its fatal issue. Experience proves that neither "fulgura-

tion" nor high frequency currents have as yet realised the hopes conceived for the moment. Surgeons of the highest repute have returned to radical operations at an early stage of the disease; these means, applied to cases of cancer of the breast, also yield the best results.

What of treatment by X-rays? Our answer is that some appreciable results have indeed been obtained with cutaneous cancer, and according to some writers, with cancer of the breast; but repeated X-ray treatment is always necessary and instantaneous cures are never obtained.

As for *radio-therapeutics*, M. F. Allard states definitely in the *Medico-Surgical Practice* that "Up to the present time radium treatment has proved serviceable only as a palliative in the treatment of cancer of the uterus and rectum, and also for cancer of the breast."

Even were the new therapeutics to attain to radical cures, it would remain no less certain that the *instantaneous and radical* disappearance of certain cancers at Lourdes constitutes a definite exception to the general laws of medicine: therefore the cures would still be extraordinary.

CHAPTER XXII

CURATIVE AGENTS IN THE LOURDES CURES EITHER SIMPLE OR NIL

THE cures witnessed at Lourdes are extraordinary in their mode of accomplishment, but they become even more disconcerting when one reflects on the curative agents that have occasioned them.

The *water*, flowing from the fountain at the Grotto of Massabieille, is the therapeutic medium in the greater number of cases. This water is possessed of no especial quality, according to the analyses made by Monsieur Filhol. Its chemical qualities consequently play no part in the cures—and this is clearly evidenced by the fact that the Lourdes water cures the most various diseases: tuberculosis, cancer, myelitis, fractured bones, divers forms of ulcerations, etc.

The very mode in which the water is made use of varies: sometimes the patients are immersed in the baths; at others nothing beyond bathing and dressing the wound is required; while at others again merely a few mouthfuls of the precious liquid are swallowed.

Often the water has no part in effecting the cures. Many of these are wrought at the moment the Blessed Sacrament passes by. In some instances the priest, bearing the monstrance, bestows a special blessing on the one about to be freed from his disorder; at other times the sick person gazes eagerly at the Host enclosed in the golden monstrance. In both cases the person being healed habitually assumes a sitting posture, as did Gargam, and then leaves his stretcher and begins to walk. Effects of this kind cannot possibly be ascribed to any natural therapeutic agency.

Others are cured at the time of Holy Communion. Thus the Host had hardly been placed between Marguerite Verzier's lips, when the young girl realised that her fracture had been consolidated.

And finally, there are cures even more unaccountable; witness that of De Rudder. Twice had he made his way round the Grotto of Oostacker-lez-Gand, toiling along painfully on his two crutches; he then commenced a third round when suddenly, with no clear consciousness of what was happening, he dropped his crutches, took some steps and went to kneel down at the feet of the statue of the Blessed Virgin.

From the technical medical standpoint, what we have here is chaos, and the incomprehensible, involving the violation of all admitted laws; the

hard fact remains that, none the less, *these cures really do take place.*

Nor is this all—the water, which is the healing agency in most cases, does not always produce the same effects. Many invalids are cured at the *very first contact*, as in the cases of Clémentine Trouvé, Marie Lebranchu, Marie Lemarchand, Jeanne Furlanelli, Armandine Roux and Blanche Pallière. For others, *two or more* applications of the water are required: thus Joachime Dehaut was only cured when bathed a second time; Marie Borrel's fistulæ closed up after being bathed several times with Lourdes water, but her definite recovery only took place in the bath; while Angèle Lorence was only healed after her third immersion.

There are, finally, cases where the Lourdes water, after having produced no effect a first time, brings about, a year or two later, results unaccountable and marvellous.

In 1887 Catherine Lapeyre made a pilgrimage to Lourdes, bathed her tongue, immersed herself in the piscina, and departed with her cancer of the tongue unchanged. Two years later, at Toulouse, she made a novena while the National Pilgrimage was taking place, began to bathe anew the diseased part with Lourdes water, and thereupon the tumour disappeared.

In 1907 Gabrielle Durand joined a pilgrimage to Lourdes, but received no benefit from the

miraculous water; in 1908, however, having been immersed in a dying condition in the piscina, she came up from the waters radically cured.

Whatever one may say or do, these occurrences are baffling to a degree, and the evidence sets medical experience at defiance. For all that, the fact of the cures remains, and one can only acknowledge them and admit that science is at a loss to explain facts of so extraordinary a character.

CHAPTER XXIII

THE CURES AT LOURDES HABITUALLY COINCIDENT WITH PRAYER OR SOME ACT OF RELIGION

In discussing this third characteristic of the cures at Lourdes, I do not purpose to maintain—*at least not on medical showing*—that the good people are cured because they pray. By drawing attention to the coincidence of the cures effected with acts of devotion, I am merely registering what actually occurs. The opponents of Lourdes have dilated sufficiently upon *cure by faith* to entitle the partisans of Lourdes to allude to the prayers that precede and accompany the cures.

Though I have never visited Lourdes myself, I have read the very striking descriptions of Huysmans; Zola himself has put forth all his descriptive talent to depict how greatly enthusiasm sways the crowd of pilgrims. I am moreover personally acquainted with several people who every year attach themselves to one or more of the many pilgrimages; while, as regards the cures I have been studying, my investigations have extended to all the circumstantial details. Thus I

know as a fact that at Lourdes people do pray fervently.

The zeal of the patients in this respect is not always proportionate to the marvellous character of their cure. Here, as in the other aspects of the recoveries, the widest divergencies obtain. Of the patients, some are fervent Catholics; others are indifferent to religion: these, however, are in the minority.

Gargam must be classed with the indifferent. He has admitted as much himself time and again. Before his cure he kept aloof from religious practices; if he let himself be taken to Lourdes, it was solely to please his mother.

It was in fact only at his first Communion at the grotto that faith was reborn within him; and this he asserted publicly at Paris before an audience of approximately a thousand people. People have tried to maintain that he was cured by suggestion —but his want of enthusiasm spells anything but nervous suggestion. It is idle, however, to open up this question anew, as the diagnosis is stated in the certificate of the doctor who attended him.

I have made a point of choosing cases where hysteria cannot be exploited, precisely because I am unwilling to initiate a debate on a well-worn subject.

Besides the indifferent, there is a multitude of people really devout. There are some even whose

perseverance is proof against failure, and of such Catherine Lapeyre and Gabrielle Durand are good examples. And yet one hardly sees how their cures are to be attributed to hypnosis. Nor can I conceive any better how suggestion may have cured Léonie Lévêque of her frontal sinus disease.

Finally it should be noted that it is not those who pray most who recover. One even comes across very strange cases of dying persons who forget themselves so far as to implore the cure of neighbouring patients less afflicted than themselves. And repeatedly has their prayer been heard.

CHAPTER XXIV

THE OBJECTIONS RAISED—AND ANSWERED

THE objection advanced with the most pertinacity against the cures at Lourdes has been on the score of *hysteria*, though to my mind it is not the weightiest. If I decline to take it up, it is of set purpose.

The question has been settled by the research work of Boissarie, Van der Elst and Lavrand, and the thinking public no longer cares to follow these theoretical discussions. They have, as well, somewhat depreciated since Charcot is no longer there to throw in his authority on their side.

If there be any branch of pathology that has gone to pieces, it is surely hysteria. Moreover, of all the cures we have been examining, not one is an example of this nervous disorder.

When seeking to account for the occurrences at Lourdes by means of hypnotism and suggestion, one's first requirement would be that the cases should be of nervous origin. It is hardly credible that any would seek to label as such cases of tuberculous abscess, Pott's disease, fractures, wounds, ulcerations, and cases of sinusitis.

It may be urged by the sceptical that the cases of gastric ulcer described are perhaps merely due to nervous dyspepsia.

The cases discussed are too characteristic and too clearly stated in the doctors' certificates for really serious doubt to be entertained as to the correctness of the diagnoses.

In the cases of Marie Lemarchand and Marguerite Verzier I did make some mention of neurosis; but could I have done otherwise? The fact remains that both ladies recovered from lesions that were purely organic.

And further, the theory of hysteria is exploited nowadays only by such as are unversed in medical practice, and as for novelists and men of letters, they must be classed as essentially incompetent to judge.

Among the public, quite a series of objections are current touching the cures of Lourdes, some put forward by medical men, while others originated with that ubiquitous and impersonal authority, "Mr Everybody." To deal with them all is no little tax on one's patience. They can be condensed into the ten following statements:

1. The clinical documents are insufficient and incomplete and the patients are not attended throughout by one and the same medical man.

2. The diagnoses are never worded with precision.

3. Many of the cures are incomplete.

4. Why are some patients cured while others retain their infirmities?

5. The various phases of the cures are not witnessed exclusively by medical men, and the evidence of the uninitiated is worth nothing.

6. The cures might have come about naturally.

7. Perhaps a substitution of patients takes place.

8. Since some patients have relapses subsequently, they cannot have been cured.

9. The inquiries instituted at the Medical Bureau at Lourdes are too rapidly investigated to be considered conclusive.

10. There are false miracles.

I

The Clinical Documents are Insufficient and Incomplete: The Patients are not Attended throughout by One and the Same Medical Man.

It is especially in the case of persons joining in the various National Pilgrimages that cures are registered; these persons residing at one of the Lourdes hospitals during their four or five days'

stay. Monsieur Teillon, Secretary-General of the National Pilgrimage, has been kind enough to supply me with all the particulars of the formalities that must be gone through before a cure is classed as extraordinary.

The very first condition is that the patient must produce a certificate from the doctor attending him as to the present state of his health. This document, which has to be *clear and precise*, formulating a plain diagnosis of the case, is not always easily obtained. Medical men are often slow to grant one, particularly when they are aware for what end it is sought. Still certificates are forthcoming, and in the eighteen cures above discussed the certificates supplied have all proved satisfactory.

Possessed of this certificate, the patient is taken to Lourdes in one of the pilgrimage trains, and when reaching his destination received accommodation in the Hospital of Our Lady of the Seven Dolours, or in one of the other establishments for the sick.

These homes where so brief a sojourn is made, have nothing of the modern city hospital about them; they are mere shelters for the suffering pilgrims, and no medical treatment either is or could be organised in this connection. The two hundred and fifty patients of the "White Train," for instance, spend little more than the nights and meal hours at the homes; during the rest of the

time they are led or carried to the grotto, the baths, and the processions.

If one of these patients appears to be cured, he is led to the Medical Bureau which was under the direction of Dr Boissarie. This gentleman's successor and the doctors present take cognisance of the patient's papers, peruse the home doctor's certificate and examine most attentively the person brought before them. They question the witnesses of the cure as to the attendant circumstances, and having conscientiously studied the wording of the certificate in connection with the symptoms now in evidence, a conclusion is arrived at either for or against an extraordinary cure, or else they maintain a prudent reserve.

The pilgrim leaves with the express recommendation to report himself to his doctor upon his return and to obtain from him at the shortest notice a certificate that may help to establish what precisely are the changes his health has undergone.

The examination of a cure at Lourdes consequently has three phases, corresponding to the three-fold documentary evidence of:

1. The home doctor's certificate issued to the patient on leaving for Lourdes.

2. The report of the Medical Bureau.

3. The return certificate, or certificate of cure (issued by the home doctor on the patient's return).

Often enough the Medical Bureau reserves its final pronouncement for a twelvemonth, awaiting the next annual pilgrimage. If the cure has been maintained, the *test of time* has thus been set to the cure, and on the strength of this very sound conclusions can be drawn.

At first sight it seems quite certain that full precaution is taken to prevent mistakes or trickery; but is it a fact, as some object, that the certificates thus obtained are *insufficient* or *incomplete?*

Insufficient they could not be, for the patient goes through the hands of a series of medical men who are familiar with clinical examinations and diagnosis.

Nor can they with any more truth be held *incomplete;* for when the certificates are wanting in explicitness or precision, the whole case is shelved and nothing more is said of it.

It is further objected that the evidence is not conclusive, inasmuch as it is *not one and the same medical man* who attended the case throughout.

If the certificates are clearly worded, and if the doctors at Lourdes are really conscientious, can there be an absolute need of one and the same doctor following the patient now cured step by step? The point is a questionable one, to say the least, the more so as the diseases in question are of a chronic type, whose symptoms are definite and well established from the very first certificate. The

truth of the matter is that the occurrences at Lourdes are examined and treated in precisely the same way as the great run of ordinary medical cases.

The certifying of insanity or epilepsy is not surrounded by more precautions. Nevertheless, a medico-legal certificate is of itself sufficient to bring about the incarceration and the whole proceedings are simplicity itself. Some medical man examines the state of the insane man, declares that he is a danger to the community and must be placed in an asylum. He signs his report, and has it countersigned by his witnesses, whereupon the patient is straightway put under the care of the police; and from the police-station, if the doctors so judge, he is despatched to an asylum. The various doctors who thus deal with the case enter into no manner of communication with one another, but this does not militate against the official recognition of insanity, which almost infallibly leads to the necessary restraint.

In our daily practice this course of things occurs times without number, no closer inquiry being made into the patient's condition. The consulting doctor, the specialist who comes to assist by his advice and treatment of the regular practitioner, only sees the patient for a short time and yet has no hesitation in forming both his diagnosis and his prognosis of the case.

No one has ever called in question the legal value of these examinations. Why then should not consent be as readily granted to medical men when they pronounce upon the cures that have been wrought at Lourdes?

Is a doctor necessarily acting in a less business-like way when he makes out a certificate for a sick pilgrim? Or are distinguished colleagues of ours, when taking part in the deliberations at the Medical Bureau, less entitled to credence because they discuss occurrences which are outside the range of common observation in things medical? No, certainly not. A good certificate, well drawn up, is always a clinical piece of evidence of sound worth, and when one finds that surgeons and doctors of repute, heads of clinical establishments, or former residents in hospitals, make statements touching the medical aspect of Lourdes, it becomes plainly unjustifiable to question the value of their scientific conclusions.

Some opponents will be found to object, as did Zola, in the case of Clémentine Trouvé, that the patients have not been examined by the great Paris medical men. But what of that? Paris will hardly claim to monopolise the medical *savants*. Professor Vincent of Lyons, Professor Duret of the Lille Catholic Faculty, sometime surgeon to the Paris hospitals, Desplats, Lavrand and Lemierre—these are gentlemen of repute and distinguished merit,

calculated, one would think, to ensure a serious hearing for their opinion and diagnoses.

And in short, if the home doctors do not as a rule follow their patients all the way to Lourdes, many of them yet examine the "cases" with all deliberation before the journey is undertaken, and on their return their scrutiny is thorough to a degree. Dr La Néele, of Caen, for Marie Lemarchand; Dr Moullin, of Nogent-le-Rotrou, for Léonie Lévêque; Dr Tournaire, of the La Teppe Asylum, for Marguerite Verzier; and Dr Sablé of Lille, for Marie Borrel, have drawn up, touching their respective patients, precise and circumstantial accounts which constitute first-rate medical evidence.

Furthermore, the majority of cases at Lourdes are of diseases which the veriest tyro will diagnose, which the practitioner has despaired of, and where any alteration in the symptoms is mostly a change for the worse, once the home doctor's leaving certificate has been issued. Marie Lemarchand's *ulceration of the face*, Clémentine Trouvé's *suppurating osteitis of the calcaneum*, Marie Borrel's *pyo-stercoral fistulæ*, Léonie Lévêque's *double sinusitis*, Angèle Lorence's *tuberculous abscess*, are affections liable to no great change in their outward appearance to the medical eye.

In the Paris hospitals, not a doctor but has witnessed, in the course of his training, patients

affected with chronic diseases of this description wandering from one establishment to the other in quest of some ray of hope, while the clinical experts, one and all agree in diagnosis. Such is the plight of the unfortunate patients who, having found human science unavailing, seek refuge at the feet of the Blessed Virgin of Massabieille in the hope of a return to health.

On the strength of all these considerations, one is entitled to conclude that the documentary evidence brought together at Lourdes touching the extraordinary cures—*when it is complete and sufficient*—deserves serious consideration.

Generally speaking, we may say the value of the certificates depends more upon their precise wording than on their numbers. This was brought home to me when dealing with a case which created quite a stir in its day, but which I have felt bound to rule out from among the extraordinary cures. There were no less than *four* medical certificates forthcoming, but not one of them contained precise data for the case, and, looking back, it was impossible to discover of what ailment the patient had been healed.

If the opponents of Lourdes considered the precautions the late Dr Boissarie always took to investigate the reality of a cure, they would be less obstinate in setting down his investigations as superficial. There are many persons who did not

care to arrest the scrutinising eye of the President of the Medical Bureau, fearing that their cure would not be acknowledged; and their vanity made them complain of his rebuffs.

Léonie Lévêque was but voicing the general feeling when she wrote: "It is the moment to go to the Bureau; I tremble. Dr Boissarie is cold, brusque and critical. I have seen him send away several sick persons who thought themselves cured. What if he should serve me the same?"

The Lourdes medical men do indeed take all manner of precautions. What with the leaving and returning certificates, the deliberateness with which their examinations and studies of the cases are made, and their clinical documentary evidence —they are entitled to speak in no uncertain tones, and from their own observations to form definite conclusions.

II

The Diagnoses are Never Worded with Precision

In medicine one is too prone to forget that a diagnosis is a *hypothesis* framed with more or less common sense and attended with more or less likelihood; but on the whole it remains a *hypothesis* based on the theory of probabilities. One's ability in diagnosis may be developed by

age, by experience, by mistakes made unwittingly, by the numbers of patients seen, and by many other causes.

Technically, a diagnosis is a swift and all-but spontaneous *synthesis* of all the notions we have acquired during our studies and our whole medical career upon one definite point; or again, it is the association of all our sensible perceptions tending to a given point. When we know a disease only from our books, such knowledge is defective; when we have to deal with it in flesh and blood, hesitancy comes over us and our excuse is: "I have had no cases of this description."

When we quite realise that it is our diagnosis which should determine our prognosis and therapeutics, we become almost staggered: the tyro's daring is easily accounted for; but now the hesitancy of the veteran practitioner is much better appreciated.

Cases there are when the hypothesis rests on premises apparently so sound that the probabilities are almost changed to certainties. This occurs when one has to deal with exterior morbid phenomena such as wounds, suppuration or bruises. In other cases a greater effort in the matter of association is called for; and then our reckoning cannot take its cue from directly tangible and visible effects, but must rest upon more obscure symptoms. Let us imagine that we are dealing

with a limb affected with some degree of loss of substance; we can touch, see, palpate and probe; by pressure we are able or unable, as the case may be, to bring away pus, and on the strength of it all we can readily diagnose—ulceration, wound or abscess. Or again, if our patient be coughing, spitting and gasping, and unable to take a few steps without suffering from loss of breath—the first conclusion we draw is that he suffers from *dyspnœa*, very likely due to a lesion in the respiratory organs, but what may this lesion be? We must make a further effort to reach some plausible hypothesis which may form our diagnosis. In such cases we use the expression: "*The diagnosis is less precise.*"

Lack of precision in the matter of diagnosis is indeed one of the main grievances brought up by the opponents of things supernatural against the Lourdes medical men; but the meaning they attach to the term "want of precision" differs totally from the sense in which we use it. As they feel they cannot charge us with error when dealing with a wound, an ulceration or with an abscess widely open, or forming fistulæ, they complain that we have not been sufficiently well informed about the cause of the disease we are diagnosing.

At first blush they seem to be right. Was the ulceration on Marie Lemarchand's face a lupus or the outcome of trophoneurosis? Dr La Néele's

certificate does not answer the question. Again, Dr Cibiel makes no statement concerning the pathology of Clémentine Trouvé's osteo-pereostitis of the calcaneum; nor do the papers touching Joachime Dehaut's cure make any mention of how her gangrenous wound originated.

Unfortunately for those who would urge this objection, however, it quite misses the mark in this instance. The occurrences we are dealing with were extraordinary, not in that the losses of substance had resulted from some particular cause, but in that—contrary to all recognised laws—they healed up and became cicatrised *instantaneously*. In most cases a surgeon finds diagnosis practically indispensable for determining his course of treatment; at Lourdes, however, it could not in any way contribute to the cure.

Nor does the objection bear more weight in cases of deep lesions.

That Marie Lebranchu was afflicted with phthisis cannot be doubted, for Drs Pignol and Marquézy had detected tubercle bacilli in the sputum, the surest sign of pulmonary tuberculosis. It was precise enough to dispense with the X-ray test or Radioscopy. The cure was characterised by cessation of coughing and expectoration, and by the disappearance of the hæmoptysis; while the general health of the patient revived. The recovery was, moreover, quite permanent, for in

1908 Drs Jamin-Daviau and Sarazin of Angers found on examination with the X-rays that the respiratory organs were in satisfactory condition; while at the present day, when over twenty years have elapsed since her cure, Marie Lebranchu is in very good health.

Is the diagnosis to be considered wanting in precision in the case of Marguerite Verzier? The child could move about her fractured leg at will and even played with it, at times bending it into the shape of a curve, at others doubling it up at a sharp angle. After the cure, which Dr Tournaire publicly announced after the lapse of forty-eight hours, the child was able to walk; and when in November, 1911, Dr Vincent went into the case and had the patient X-rayed, his report corroborated the fact of the consolidation.

When dealing with certain deep-seated lesions, as with the superficial, it is not always a matter of necessity to *define precisely* the nature of the disease.

The pyo-stercoral fistulæ of Marie Borrel were cicatrised very rapidly, we find. Need we make inquiry as to their character? They healed too swiftly not to have been cured in an extraordinary manner, whilst suppuration and infection were being maintained by the continual flow of pus and fæcal matter.

As stated above, it is upon the soundness of the

diagnosis that the indications for treatment rest. Thus it is that the diagnosis is practically a determining and indispensable factor for the medical man, and consequently must be accurately ascertained. But at Lourdes, whatever the cause of disease, the healing agencies have little diversity; and hence it is unnecessary to define the disease very minutely, once its cure is effected independently of natural laws.

It remains no less true, however, that all the modern resources supplied us by the allied sciences—Radium, X-rays, chemical analysis, laboratory research, and the experimental inoculation of animals, are to be made use of, firstly, to establish a sound diagnosis of the diseases that come under consideration at Lourdes, and also to gauge the value of cures when such take place.

III

Many of the Cures are Incomplete

In the natural order of things it can be asserted that a disease is never completely cured—there always remain scars, deformity or some disability, indelible traces of the former affection. There is probably no man living whose body does not show signs of past disease. Skin-cicatrices, for instance, true witnesses of the surgeon's handiwork, continue

visible for the space of from five to fifty years or more; thus laparotomy, tracheotomy or the incision into an abscess can be recognised a long time after the operations. Scars such as these cannot make us class the cure as imperfect, for they do but testify to what good purpose the surgeon has used his knife.

In other cases we observe the persistence of deformities, or at least of malformations. To this class belong: The definite deformity following the cure of Pott's disease; anchylosis of the hip joint and shortening of the limb affected after hip disease; the increased size of the shaft of a bone when consolidated after a fracture; the scar formations that fill in with fibrous tissue a wound or ulceration; also the partial or total disappearance of some organ removed in a surgical operation. But indeed, had I a mind to mention all possible cases, the tale were endless.

Far from considering these sequelæ to surgical or milder treatment as defects, medical men rather see in them pledges of the cure they have sought to effect.

In the cases of fractures, for instance, we can witness by means of X-rays the high degree of perfection now attained in the reduction and co-aptation of the fragments. This means of investigation has brought home to the surgical world that the majority of fracture results are very

imperfect, although the broken limb is restored to a functional state little short of normal.

When the fracture is compound and sequestræ have resulted during suppuration, the bone surfaces cannot be brought together without some degree of shortening of the limb.

Any number of instances could be adduced where natural cures have remained definitely incomplete in so far as no *restitutio ad integrum* occurs.

Finally, besides the definite sequelæ, local trouble always continues after the cure for some length of time. This most frequently takes the form of muscular atrophy, and exists in cases of fracture, hip-disease, arthritis in its various forms, pleurisy, rheumatism, etc. It is generally caused by impairment of nutrition due to immobilisation, neuritis or functional paralysis, but is far from being considered as an irreparable morbid consequence, for by methodical exercise the muscles can be made to recover their normal size, shape and vigour. Nevertheless, hardly any cure will be found to be perfect, strictly speaking.

If we now turn to the Lourdes cases, it will have to be admitted that the cures are not more incomplete; rather are they less so. In these extraordinary occurrences our adversaries proclaim as deficiencies, qualities which they consider as quite correct in natural cures. It is true, however,

that to strengthen their position, these very persons contend that cures attributed to Divine intervention should bear no mark of human shortcomings.

Fontenelle's aphorism remains as true as ever. "If God has made man to His own likeness, man reciprocates it in no little degree." We are minded to reduce Divine greatness to the puny standard of frail humanity, and to set limits to the play of Divine power. Once we fail to discover a plausible explanation for anything extraordinary, in the name of science, we reject it.

In the last book published by Dr Boissarie on the cures at Lourdes, there is recorded a neat remark of Diday, the aged *savant* of Lyons. Upon examining the cicatrix of a wound cured at Lourdes, he observed: "If the Hand was Divine, the trace left is human enough." Whereupon the President of the Medical Bureau comments judiciously: "But this trace remains as an irrefutable vestige of the disease that has disappeared; if De Rudder's leg had shown no sign of fracture at the post-mortem examination, the incredulous would have had an excellent opportunity to set down the fracture as fictitious."

In the cures of Lourdes, the sequelæ, far from militating against the extraordinary character of the healing process, are in many cases corroborative.

De Rudder was still alive twenty-two years after his cure. He could still walk without limping and work without fatigue; while both his legs were of the same length and the direction of their axes parallel. Nevertheless, on examination fourteen months after his decease, it was quite evident that the fractured parts of tibia and fibula had united in abnormal fashion, at least from an anatomical point of view, since the upper fragments projected behind the lower ones.

Dr Deschamps, who has studied the case with some care, has shown that this abnormal consolidation was a *sine qua non* for making the patient's gait sound. As for the fact that the legs were restored to the same length, it can hardly be accounted for naturally. Indeed, it cannot but proceed from an extraordinary cause, for during the eight years De Rudder went about with his compound fracture, very considerable sequestræ came away; but, for all that, once the bones were consolidated, the legs were found to be of equal length.

Again, should not Catherine Lapeyre's cancer of the tongue be considered really and truly cured? According to Dr Boissarie, a scar neither hard nor painful is to be seen on the right side of the tongue; this organ, previously operated upon, had been reduced to two-thirds of its original bulk, and speech continues difficult. One does, of course,

meet with reduced volume of the tongue and hampered speech in persons who have been cured in the ordinary way by operation; but what has never yet been observed is the absence of recurrence in a case of epithelioma, particularly for so long as twenty-three years.

Coincidently with Gabrielle Durand's restoration to health, her diseased leg was lengthened by two inches, and as a consequence the young lady was able to walk quite normally. We have her own account of how in the bath the leg was twisted back into position. In hip disease the shortening is due to the head of the femur leaving the acetabulum, slipping backwards towards the iliac region of the hip bone, and finally developing a false joint; in such cases anchylosis frequently develops. To make good the shortening and enable the patient to walk quite normally, the osseous surfaces must have resumed their natural relative positions and the hip joint have been re-established—two circumstances which nature is unable to achieve.

Consequently, besides being more complete than other cures, the extraordinary recoveries at Lourdes are characterised by certain features that natural laws cannot explain.

A last plea urged against them is that they do not attain perfection immediately—apart from the original and main lesions there are secondary and derivative lesions, such as muscular atrophy,

neuritis, stiffness of the joints, etc. These same disorders are met with in natural cures and are seen to disappear in course of time.

Why, then, should not the same hold good in the cures of Lourdes?

IV

Why Are Some Patients Cured While Others Retain Their Infirmities?

This is an objection constantly being raised, and very variously formulated. And yet it is quite devoid of weight, and even supplies us with an argument which can be turned against those who deny the reality of the extraordinary cures at Lourdes.

The Grotto of the Apparition, the Basilica and Rosary Church do not constitute together a clinical establishment for receiving and nursing the sick. They are places of prayer where the religious-minded come in their crowds to render homage to the Virgin of Massabieille, prompted by their faith and hope in the power of God.

The publications of Boissarie between 1892 and 1908 bring out the fact that two thousand four hundred and forty cases of cures were officially filed at the Medical Bureau. The number must seem anything but extravagant in view of the other

fact that during that space of time several hundred thousand pilgrims had visited Lourdes. Thus what cures do occur are few and far between; they are indeed happy incidents, but nothing more. They show how gracious and bountiful is Our Lady to such as call upon her, but they are not the main end and object of the Pilgrimages.

Consequently we cannot apply the method of observation used in hospitals to the invalids who visit this shrine of the Pyrenees, and are restored to health. For the most various and most incurable diseases are met with, and their cure effected with no set procedure of any kind. Why? Because here there is no question of human agency: *the supernatural* makes its presence felt and is the determining factor in these extraordinary events. Dr Boissarie's words are to the point: "The patients whose cures we witness, recover without having shown any antecedent sign we could fasten upon beforehand. Their cures are in fact disconcertingly irregular."

And again, some are cured while the rest leave for their homes without having found relief: a process of discrimination for which we are helpless to account; we cannot work back from the effect to the cause of the cure.

The *effect*, the cure namely, is indeed with us, testified to by documentary evidence of medical men in full form. They are perfectly at home and

qualified to deal with the objective facts: whether it be the instantaneous cicatrisation of wounds, immediate consolidation of fractures or the sudden disappearance of suppuration; but their abilities can go no further, and they will never be able to work back from the registered effect to its initial *cause*.

When science records facts without being able to account for them, the reason is that the laws at work transcend the human understanding; they are extraordinary laws, or better still, supernatural.

Moreover, on what principle do the opponents of Lourdes justify their criticism of the facts of the cures? Those most nearly concerned are not so hard to please. Man's learning had given up the sufferers as incurable, and they, discouraged in this quarter, turned their thoughts to the Virgin and in fervent prayer they or those who loved them implored their cure. When this is not granted the sufferers do not complain; their faith and love of God help them to bear their pains still longer; they resign themselves and seek comfort in prayer.

The great mistake made by unbelievers is their constant endeavour to bring down to a mere human level everything phenomenal they witness, and when they find nothing to account for individual occurrences, they summarily reject them. The cures at Lourdes are inexplicable, because they pertain to the supernatural order. The laws that

seem to rule the universe are formulæ men have drawn up, reasoning from their own personal observations; but they are neither invariable nor unalterable.

V

The Various Phases of the Cures are not Witnessed Exclusively by Medical Men; and the Evidence of the Uninitiated is Valueless

In everyday practice, medical men often accept and act upon the evidence of persons knowing nothing of medicine. The information thus obtained may not establish the diagnosis, but may assist in making it more clear.

Let us instance the case of a man who has fallen from a height to the ground in a sitting posture. There he lies in bed, motionless, in a state of coma. "How precisely did he fall?" asks the doctor called in. The bystanders supply the details of the accident, and the idea at once presents itself to the doctor that the base of the skull may be fractured. Would he so readily have arrived at this hypothesis but for the first-hand evidence of the uninitiated?

Again, when dealing with a patient who shows some symptoms of typhoid fever, a doctor may feel at a loss for want of sufficiently clear data.

He therefore may inquire of the family as to the kind of water the patient drank, what care was taken in preparing meals and in consuming certain kinds of food that are vehicles of the typhoid bacillus; and from the information supplied, he settles upon a definite course of clinical inquiry. He has no difficulty in highly appreciating the evidence, despite its non-medical character.

Time and again one hears of medical men making such inquiries as: "Was there any loss of blood? Was the hæmorrhage considerable? Did you notice anything particular about the accident when it occurred?" In fact the practitioner is constantly calling upon laymen.

And nevertheless it would seem that evidence which renders such yeoman service in everyday medical work, is to be ruled out of court as worthless when the cures at Lourdes come into question! The patients who join the pilgrimages are ordinary invalids, the same consideration and treatment is their due. Moreover, the depositions made by the witnesses bear upon matters any child could apprehend, viz., the instantaneous cicatrisation of Clémentine Trouvé's foot, the sudden cure of Marie Lemarchand's facial ulcer, the sudden disappearance of Joachime Dehaut's gangrenous sore, etc.

One need not be a medical man in order to record and appreciate developments of this kind.

It all takes place in broad daylight, and depositions of witnesses can be collected bearing upon one and the same case.

Gargam, for example, who had been carried on a stretcher ever since he came to Lourdes, suddenly sat up during the Blessed Sacrament Procession and began to walk. This occurred in the daytime, on the *Place du Rosaire* before thousands of people; reports of the occurrence are made by many, and is this testimony valueless?

It is perfectly right to demand that these depositions must be discussed by competent critics, and that credence should not be lightly attached to them. The Medical Bureau is there on the spot to pronounce upon the cases and to cross-question the witnesses; and here Dr Boissarie's composure and care always made for real accuracy.

Moreover, it is not upon the evidence of the man in the street that a cure is established; his statement simply assists and makes the scientific work easier. The real proof of the cure is supplied by the doctor's certificate.

VI

The Cures Might Have Come About Naturally

This objection has been partly touched upon above in connection with the swift and instantane-

ous character of the cures at Lourdes. Undoubtedly some of the cases of disease we have reported might have been cured by means of ordinary treatment. From the outset, therefore, our answer is one we have time and again repeated: *The occurrences at Lourdes are extraordinary, not so much because of the cures as from the unaccustomed manner in which they are brought about.*

Moreover, most of the patients we have been dealing with had been under treatment for a number of years and to no purpose; others had resigned themselves to their ills, in despair of any improvement in their conditions; while some were incurables.

Thus De Rudder had the seat of his compound fracture continuously suppurating for no less than eight years. He could freely make the bones—partly necrosed—protrude through the open wound. Had he been under up-to-date treatment from the first, his fracture might, strictly speaking, have united, but at the time of the cure the state of the patient was hopeless. Amputation seemed to be the one thing that could save his life, and this operation was suggested to him by Professor Thiriart of Brussels. A sudden consolidation could never have been hoped for—such as took place at Oostacker-lez-Gand, in the Chapel consecrated to Our Lady of Lourdes.

Clémentine Trouvé suffered for the space of two

years from her suppurating foot. A surgical operation might possibly have arrested the disease; but could it have brought about in a few seconds the extraordinary cicatrisation actually witnessed by Madame Lallier?

Léonie Lévêque taxed all the resources of surgery in succession, right and left sinusectomies, curetting, etc., and all to no purpose. At Lourdes, however, every sign of her disease disappeared within a few hours. The same can be said concerning Jeanne Tulasne, Marie Borrel and Marie-Antoinette Rivière.

Angèle Lorence, again, underwent for ten years all manner of surgical treatment; medical science could do nothing more for her, when she found health at Lourdes.

All these invalids, strictly speaking, might have been cured by appropriate treatment, but *de facto* no recovery took place; while through the intermediation of Our Lady of Lourdes they were almost instantaneously restored to health.

There is besides the class of *incurables*, and these could not have been healed save by the aid of the Virgin Immaculate. Gabriel Gargam and Gabrielle Durand were doomed; while Catherine Lapeyre and Constance Piquet, particularly, were, humanly speaking, utterly hopeless cancer cases.

It must then be admitted that the cures at Lourdes, already wonderful in the mode of their

accomplishment, are often wonderful as well by reason of the nature of the diseases that are cured.

VII

Perhaps An Interchange Of Patients Takes Place

I chanced one day to converse with a young colleague about the wonderful cures of Lourdes; whereupon he took occasion to cast doubt upon them by telling me the following anecdote:

A sick person, whose face was being consumed by a lupus, set out for Lourdes bearing a certificate supplied him by one of the best specialists in skin diseases—now deceased. When the sufferer came back he was cured, and applying to the same authority he secured a second certificate, registering the cure. The only thing was, however, that between the travelling to and fro *one person had been substituted for the other.*

I replied that it was very regrettable such a case had not been given full publicity; this doubtless being due to the fictitiousness of the whole story; that when making allegations of this kind the facts of the case should be duly authenticated, for technically a report only bears weight if it supplies the name of patient, particulars concerning the disease and doctor's documentary evidence; while in the case in point a doctor had been named who died some years previously and so was unable to

make any deposition touching the truth of the account.

In medical discussions mere report is valueless. Facts are necessary, facts to which no exception has been or could be taken.

Besides, such a theory of mistaken identity can hardly be maintained in view of all the precautions taken at the time of the admission of patients to join the pilgrimage. Even granting that this occurred in sundry isolated cases, could this possibly be true of the numerous cures that take place at Lourdes?

The patients are not in a position to conceal their identity. Besides the doctor's certificate, they have to sign a formal application, and, if minors, to supply authorisation of parents or guardians; while references from a priest (parish-priest preferred) are also required. In this way the personal identity of the patient, at least when setting out, is warranted by three sound documents.

The patients make the journey in special trains with crowds of travellers all about them, either invalids like themselves, or sound of health—priests, religious, or attendants and nurses who have freely offered their services. These people make the acquaintance of the patients, nurse them and are ever about them at Lourdes, thus becoming indisputable witnesses as to their personal identity.

After the cure any attempt at impersonation

becomes no easy matter. Those who return to their homes cured provoke public and religious demonstrations, and also searching inquiries; and local curiosity is very difficult to evade. Their own practitioner, the priest who provided a recommendation, relations, friends and fellow-travellers cannot fail to recognise them: *How then could any substitution have taken place?*

This objection consequently falls through. It recalls the saying of Voltaire: "Do but continue lying, and something of it is sure to stick!" In the long run truth will out. And the Lourdes registers are well enough stocked with marvellous cures to make it unnecessary for people who love the Grotto of Massabieille to have recourse to falsehood for the purpose of winning glory for Mary Immaculate!

VIII

Since Some Patients Have Relapsed Subsequently, They Cannot Have Been Cured

There can be no manner of doubt that the term "extraordinary" should never be applied to the cures of persons who some weeks or months or even years later are visited again with the same complaints they had come to Lourdes to be relieved of. Still, however numerous such cases may be—cases which from a mere human stand-

point might be considered *unfavourable*—their existence and number can in no wise detract from the reality of such cures as possess the necessary guarantee.

Besides medical examination and documentary evidence, *time is required* to set its seal to the apparent cure; the best safeguard this against classing as cured persons who sooner or later relapse. And such is the method definitely adopted through Dr Boissarie at the Medical Bureau. Persons cured have to return to Lourdes after the lapse of a year for examination, and then the doctors make their decision, for or against the miraculous character of the cure.

Among the eighteen authentic cures recorded above, there figures as a nineteenth the recovery of Raymonde Buffenoir, but it must needs be classed by itself. And this because she presents symptoms that are characteristic of infantile paralysis and that were apparent before she left for Lourdes. However much the patient maintains that she is cured, she is still affected with club-foot, and some lack of circulation in the affected limb, and muscular atrophy.

If discussion is to be of any value it must bear solely upon cures that have the full warrant of medical men. It is hardly fair to fasten coldly upon the chance utterances of the enthusiastic crowd in the heat of their religious convictions and

something of greed for the supernatural—sentiments that too easily sway the pilgrims at the Grotto of Massabieille to hail anything as miraculous.

Of all the cures which the Lourdes Medical Bureau has admitted to be extraordinary, there is not a single one of which it can be said *from the strictly medical standpoint*, that it has not been maintained.

Zola was in the habit of saying that he would believe in the Lourdes miracles did he but see a scratch healed up by the miraculous water. In the event he witnessed far more marvellous occurrences, and refused to believe for all that. Such is the behaviour of all who are set upon bringing discredit upon Lourdes.

To take but the veteran cases—the cures of Peter de Rudder, Joachime Dehaut, Constance Piquet, and Catherine Lapeyre, which took place in 1875, 1878, 1889 and 1893 respectively: these may be considered to have passed through a thorough *test of time* and have not been found wanting.

If cures of so radical and lasting a character have been attained, why should not others be possible likewise? And why should the disappointment of some patients who come away from Lourdes still uncured be thought to detract from the positive truth of the actual cures that have been duly investigated?

IX

The Inquiries Instituted at the Medical Bureau at Lourdes are too Summary to be Considered Conclusive

If the investigations were confined to the *Bureau des Constatations Médicales*, those engaged on the work might well be reproached with precipitancy and their results be viewed askance; such, however, is by no means the case.

The Medical Bureau forms a convenient centre for bringing together the various documents drawn up before and after the pilgrimage; here they are sorted and filed; the clinical details of the cures are scientifically registered and the accompanying circumstances definitely ascertained; it is only when such materials are available that a full inquiry is instituted, and this often lasts many months. It would moreover be quite a mistake to imagine that Dr Boissarie (till lately), Dr Cox, and a few Professors of the Free Faculty of Medicine at Lille are the sole judges who pronounce upon the occurrences at Lourdes. The Medical Bureau has a ready welcome for all doctors coming to Lourdes during pilgrimage-time; and these are quite free to collaborate with the President and his assistants to any extent they may please.

After leaving Lourdes, persons cured have to

supply themselves with certificates from their home doctor, setting forth the genuine character of their cure. In a word, it is on the analysis and welding together of this medical documentary evidence that the whole investigation turns.

In his book, "Les Guérisons de Lourdes," Dr Boissarie has no hesitation in affirming: "In addition to the resident members of the Medical Bureau and to the doctors who are present at our consultations, we have a third branch of active members in the many medical men who, without coming to Lourdes, investigate quite independently the cures that they have witnessed."

The *Paris Meetings* enable these inquiries to be definitely rounded off; as the same author also writes:

"Every year, in the second half of November, our Medical Bureau holds a reunion at Paris to review the cures wrought during the preceding pilgrimage. We find here not only the former patients and the doctors who had treated them, but also such persons as interest themselves in our pilgrimages. Thus our audience is substantially a new one; among the medical men present some have names of repute, others are connected with our great hospitals—the Hôtel Dieu, La Charité, Saint-Louis, etc. Besides these representatives of science, there are newspaper reporters of every shade of opinion."

Supplementary examinations also take place; the laboratory and such up-to-date appliances as the X-rays are pressed into service, so that the ultimate conclusions drawn rest on a sound and lasting basis.

Still, one may be permitted to register a regret that many of these complementary investigations cannot be made on the spot, as soon as the cures take place. This would contribute to the more scientific establishment of the extraordinary occurrences and simultaneously cut the ground from under the feet of objectors, whose criticisms are occasionally plausible.

X

There Are Sham Miracles—The Case of Germaine Jugie

This objection came into vogue through Zola's above-mentioned book on Lourdes. Following his customary practice, he invented the following account in its entirety:

"The person miraculously cured was a deceiver, whom the Medical Bureau ended by finding out. It must have been the third time at least he had made his appearance there, first as a case of paralysis, and the second time for a tumour, both of which had been cured with equal thoroughness. In each instance he had had himself taken about, lodged and fed, and never did he leave but alms

were showered upon him. He had been attendant at a hospital besides, and being an adept at altering his appearance, he could develop the symptoms of the supposed disease with such consummate skill that it was only by some chance that Dr Bonamy detected the trickery. And then the Fathers had hushed the matter up at once; for what was the good of the newspapers making merry over the scandal? When they came across such 'miracle-mongers,' all they did was to make them disappear forthwith. Impostors were, as a matter of fact, rarely met with in spite of the facetious anecdotes about Lourdes that Voltaire's sympathisers know so well how to tell. Unfortunately enough, apart from faith, ignorance and foolishness can play their part."[1]

On reading these lines, wherein facts are distorted with some cleverness, one can hardly refrain from shrugging one's shoulders and smiling sarcastically. And this is the kind of idle tale that is for ever popular with folk who run down Lourdes! Little caring if the stories be ridiculous and shallow in the extreme, they take them up and publish them far and wide. It is not to be wondered at after all if arguments of the kind appeal to people of no education; but to fancy that medical men could give them countenance would be to cast a quite unwarranted slur upon the profession.

[1] "Lourdes," page 553.

On the stage actors need display no extreme cleverness in order to convey the impression that they are suffering from some disease, and this for some few moments in the glare of the footlights; but nothing of the kind is possible outside the theatre. Artifices such as these are open to detection by the least critical eye, and particularly so at Lourdes, where pilgrims in their crowds are for ever brushing up against the patients, and where at times over sixty medical men come together to examine them in the Bureau des Constatations.

Cases of paralysis and tumours can be recognised by symptoms of a definite character which it is no easy thing to feign. Contractions, muscular atrophy and deformities are in the case of paralytics signs characteristic and enduring; nor are anatomical malformations or tumours so easy to simulate as a pallid countenance with powder. Then there is, as we have seen, the weighty part played by medical certificates in the determination of any marvellous cure. These are pieces of evidence where faking and altering are out of the question; for never would a doctor consent to anything underhand, as it would be likely to jeopardise his reputation and his best interests.

Far more to be dreaded than impostors are people who for some particular reason insist upon

ranking themselves among the cured. Were the marvellous recoveries not subjected to the close and prudent scrutiny of the Bureau des Constatations, one might very often be misled. It may be of service if we point out how some kind of errors can gain currency.

We subjoin, by way of example, the story, as told by herself, of a young girl supposed to have been cured at Lourdes on August 23rd, 1911.

"Owing to my having fallen down a flight of stairs two stories high, my legs and feet were bruised and broken and one hip was dislocated. I was taken on December 14th, 1907, to the hospital as a patient of Dr Guinard. Here I had to be put under chloroform for the resetting of the hip and for the dressing of the injured parts.

"An abscess developed in the hip and punctures were made on March 3rd; then a plaster casing was made for me from the feet to the level of the armpits; on November 25th, 1908, this was removed, and I was subjected to continuous extension of the limb till November 25th, 1909.

"A shortening of the leg had taken place to the extent of two and three-eighth inches and it was set in a trough of the 'Bonnet' type; whereupon I had to lie for two months in bed with a weight of eleven pounds on the extension apparatus.

"On August 27th, 1909, pain occurred in the back, and my head was placed under extension

for a length of time; a fortnight later there were similar symptoms in the right leg, and the spine became deformed, forming an S at the lower extremity and developing a hump at its higher end. On September 14th, 1909, the doctors set me in two plaster casings from shoulders to waist and from waist to feet, and I was laid upon a plank.

"My sufferings were continually on the increase; on July 12th, 1910, more incisions were made at the hip and knee, a piece of bone that was decaying was removed and chloride of zinc injection was made in the joint; while the left leg was reset in a plaster cast.

"On May 25th, 1911, the 'Bonnet' casing was removed and over two pints of matter were a second time extracted from the hip. Pain developed in the intestines, while a gastric ulcer, from which I had suffered since August, 1910, prevented me from taking food. By the following July the doctors only gave me champagne diluted with water, for I could retain nothing.

"On August 16th, an eighth tapping was made and well over two pints of pus were drawn from the hip. The intention was expressed of resetting the hip and knee and also of operating on me for peritonitis. Death appeared to be imminent, and as the National Pilgrimage was about to leave for Lourdes, I would not allow myself to be operated upon, as I was very eager to go to Lourdes.

"As a preliminary, the doctor wished me to try to walk, but I fell down in a faint and had to be taken back to bed. The keenness of my pain kept me continually crying out through the day and the following night.

"On the day we left, when I was brought down carefully to be taken to the Gare d'Orléans, I made an attempt to walk, using my crutches; but I should have fallen at the second step I took, if the stretcher-bearers had not caught hold of me and laid me on a stretcher to reach the railway carriage.

"The journey was a painful one; every jolt made me cry out and ether had to be administered frequently. When I reached Lourdes I was placed in the ward of serious cases at the Hospital of the 'Seven Dolours' and every day my sufferings increased. On the Monday afternoon, attacks of syncope came on in quick succession, and after the Blessed Sacrament Procession that day I was so far gone that there was talk of administering the last Sacraments. As soon as I had reached the hospital again I was made to breathe oxygen.

"My entreaties prevailed upon Madame La Marquise de Palaminy to have me taken to the grotto on the Tuesday. That morning I had great difficulties in swallowing the Holy Host at Communion. When taken to the piscina such was my weakness that I had no easy task to get permission to be bathed. Then, when in the water,

I lost consciousness. In the afternoon my lungs seemed freer, but the pains I usually suffered in the legs grew worse. On the Wednesday morning I was so bad that it was most difficult to bathe me, and then I felt as if I were being rent limb from limb. I prayed hard to be cured, less for my own personal advantages than for the conversion of my parents, till I grew unconscious with the pain. When I came to myself again, I felt strangely eased, and all my pain was soothed. I exclaimed, 'I am cured!' and rising to my feet I began to walk—a thing I had been unable to do for four years. My left leg, moreover, that had been shortened some 6.7 inches now showed a shortness of barely an inch."

In this account more than one conflicting statement can be detected; thus the patient, after having spoken of three injections, goes on to speak of eight; while the shortening, which was of two and three-eighth inches at the close of 1909, is made out to have reached some 6.7 inches at the time immediately preceding the cure.

The certificates constituting the "dossier" are worded less explicitly even than Mademoiselle Jugie's statement of the case; and all three were drawn up at the "Hôpital de la Charité." They read as follows:

"I, the undersigned professor and hospital

surgeon, certify that Mademoiselle Germaine Jugie is suffering from hip disease, which incapacitates her from any kind of work.

"(*Signed*) A. GOSSET.
"*Seen by* THE DIRECTOR.
"(*Countersigned*) MADELAINE.

"PARIS, *July* 14*th*, 1910."

"I, the undersigned consulting medical assistant, certify that Mademoiselle Germaine Jugie, aged eighteen, is suffering from pulmonary tuberculosis with a cavity at the apex of the right lung, together with hæmoptysis, and that she is unable to work.

"(*Signed*) DR G. BOURGUIGNON.
"*Seen by* THE DIRECTOR.
"(*Countersigned*) MADELAINE.

"PARIS, *September* 24*th*, 1910."

"I, the undersigned professor and hospital surgeon, certify that Mademoiselle Germaine Jugie is suffering from coxalgia and is unequal to any work calling for a standing posture.

"(*Signed*) MAUCLAIR.
"*Seen by* THE DIRECTOR.
"(*Countersigned*) MADELAINE.

"PARIS, *July* 5*th*, 1911."

From these three certificates it may be inferred that Mademoiselle Germaine Jugie had contracted hip disease and pulmonary tuberculosis; but her papers contain no documentary evidence of the cure, and it is difficult to consider as correct the statement of the person most concerned. Moreover, Mademoiselle Jugie herself is brought to admit that the cure is not of the best in a letter to Monsieur Teillen:

"Now as for my leg, it might have been completely cured if I had not fallen again several times on the poor hip. Under the circumstances, there is nothing but a great improvement. I am much annoyed about it for your sake; but I have just begun a novena, and I have hopes that when it is over I shall be able to say 'I am cured.'"

Cases such as these cannot and should not be reckoned among the wonderful cures of Lourdes; and it is when perusing such narratives that the late Dr Boissarie's prudence and perspicuity, as well as that of his *confrères*, are fully appreciated.

Documentary evidence of this sort would undoubtedly afford our enemies opportunity for scoffing; but they are third-rate weapons, since the true devotees of Lourdes reject them and do not admit such cures as genuine.

CHAPTER XXV

WHAT WEIGHT ATTACHES TO THE OBJECTIONS ALLEGED?

In spite of the seeming variety of the objections adduced to detract from the cures of Lourdes, they can be said to have one motive underlying them all. Through the whole course of this book I have sought to keep on my guard against the *supernatural*, to take up and abide by the mere medical standpoint. In this I do not consider I have failed; though from some quarters I am sure to be taken to task for occasionally showing myself to be a believer when particular points were being treated. I have concealed my opinion in no single instance, forming it as I did with the degree of self-command needed to hold aloof from the tide of popular opinion.

The weakest point about the attitude of those who gainsay the cures of Lourdes is their set purpose of generalising from what are but single occurrences. Even were it convincingly proved to me that the sham cures are to be reckoned by the hundred and that deceit is rampant at Lourdes, I would still

maintain my ground and reiterate the assertion: "Extraordinary cures really do take place at Lourdes. Catherine Lapeyre's cancer of the tongue was radically cured, contrary to all the laws that medical men recognise, and precisely the same is true of Constance Piquet's cancer of the breast, Pierre de Rudder's compound fracture, Marie Borrel's pyo-stercoral fistulæ, and the frontal sinusitis of Léonie Lévêque."

Zola was wont to say that he would believe in the miracles of Lourdes did he but see a scratch healed up. He was shown things far more wonderful, and in his novel "Lourdes" he distorted the facts so as to escape having to admit their supernatural character. The opponents of Lourdes would seem to act in like manner—as soon as they are brought to a standstill by some specific instance they take exception to it and evade the difficulty.

In the "Revue" a doctor recently proposed to have the Lourdes cases entrusted to a commission of competent medical men, one half being named by the *Institut Catholique* and the other half made up of members of the State Faculties. But why such precautions? The Lourdes Medical Bureau is of the easiest access to all members of the medical profession. Every doctor is free to handle, examine and auscultate, etc., the cases that present themselves.

In the same way, it is pointed out that from the scientific point of view, slow cures are preferable, as then the course of recovery can be more surely followed. These are but so many evasions of the real point at issue. Our best policy is therefore to ascertain the cures that are undeniable and leave aside all doubtful cases. Unbelievers of course will never admit the cures of Lourdes, because they will never acknowledge the supernatural. However cogently their objections be disposed of, they will ever find some means of evasion. Many assert they would surrender were they to witness some special form of cure, e.g., the replacement of an amputated limb, the cure of a case of locomotor ataxy, or some specified disease.

These are but so many ways of eluding or seeking to parry the convincing force of the facts registered at Lourdes. As Dr Boissarie expressed it, the cures do not occur to order; there are no "first-class patients" at the grotto. One has to take the facts as they stand.

At the Lourdes shrine, and even apart from the pilgrimages, when a novena is made or a devout visit paid to one of the many chapels consecrated to Our Lady, there are wrought cures which human science is admittedly unable to explain.

How then are they to be accounted for?

The answer is short and simple: *By the Supernatural.*

APPENDIX

SKETCH OF DR BOISSARIE'S CAREER (1837-1917)

Dr Boissarie was born at Sarlat in the south-west of France in 1837. He was the only son of Lucien Boissarie, a medical practitioner. Choosing his father's calling for his own, he made excellent studies, coming out fourth at the final examinations, which gained him admittance to the "Internat" of the Paris hospitals with an élite group—referred to in later years as the "Promotion Brouardel." Boissarie then studied under such medical men as Jobert de Lamballe and Velpeau, who made much of him and tried to persuade him to settle in Paris. His abilities, they maintained, would ensure him a most distinguished career.

Dr Boissarie, however, returned in 1863 to his birthplace, where he married Mademoiselle Lafon de Fongaufier and took up a practice. It was here that the accounts of the remarkable recoveries at Lourdes aroused his curiosity. He went to Lourdes, where he met Baron Dunot de St Maclou, the founder and first President of the "Bureau des Constatations," who had taken his doctor's

degree at the Louvain University. So struck was Boissarie by what he witnessed that he subsequently made long stays at the grotto every year, and in 1891 brought out his first work: "Lourdes, Histoire Médicale," which initiated the discussion of the cures in the scientific world. The same year, on the death of the President of the Bureau, Boissarie succeeded to that office, where he was to labour untiringly for twenty-five years. True to the principles of the first President, he welcomed medical men of every creed and nationality and gave them every facility to examine the patients and all documentary evidence. This welcome found its response, for during the twenty-three years, 1892 to 1914, seven thousand seven hundred and seventy-eight doctors visited the Bureau, of whom two thousand and nineteen were not of French nationality; while in the last few years before 1914, five hundred medical men came over annually.

It was as early as 1892 that Zola came to Lourdes. He subsequently published his novel "Lourdes," where fact and fiction were so blended as to utterly misrepresent the occurrences at Lourdes. Dr Boissarie delivered a lecture at Paris on November 21st, 1894, and publicly accused and convicted Zola of having knowingly falsified facts concerning three cures he had witnessed: those, namely, of Sophie Couteau (in real life Clémentine

Trouvé), Elise Rouquet (Marie Lemarchand) and La Grivotte (Marie Lebranchu), whose death the novelist had reported. In conclusion the lecturer presented to the audience these three ladies—and with electrical effect.

This success gave Boissarie the idea of holding at Paris an annual reunion of *miraculés*, the most striking cures of the year being described in detail by first-class medical men. These meetings were of ever increasing popularity, and latterly were held at the "Bon Théâtre," quai de Passy. Boissarie meanwhile was steadily bringing out new books and lecturing in France, Belgium and Rome. Several audiences were granted him at the Vatican, and Leo XIII. made him first Knight, and then Commander, of the Order of St Gregory the Great.[1] In 1905 Pius X. desired a written report of the most striking cures to be communicated to him. Subsequently canonical committees were appointed in various dioceses, and by 1914 thirty-three cases had been pronounced "miraculous." This fact cannot fail to impress the impartial reader who knows anything of the circumstantial evidence canonical investigations always demand.

The crown was set to the labours of Boissarie and to the fame of Lourdes in the historic month of July, 1914. The "Eucharistic Congress" was

[1] Dr Cox, who was Boissarie's right hand from the first, was likewise knighted in 1904, and now presides in his stead.

then held there, a second time. There were addresses by Cardinals, Bishops, and eminent laymen; from among the latter, the striking paper read by Dr le Bec, senior surgeon of St Joseph's Hospital at Paris, on "Preuves médicales du Miracle," appealed to Boissarie's inmost feelings.

Then the war broke out. Immediately the Bureau and adjoining buildings were turned into a hospital for the wounded, pilgrimages ceased, and four of the doctor's sons were called to the front. Distress wore him down, and by 1915 he was a broken man. In July, 1916, he was seized with uræmic convulsions, and though rallying for a time and able to return to Sarlat, a long illness followed, which he bore with Christian fortitude till the end came on June 28th, 1917.

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AUTHOR

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